

Team Name: _____

Division: _____

League: _____

Date: _____

COMPLETE ROSTER (MUST BE TURNED IN COMPLETED WITH PACKET BY 12/15/2021)

NO ROSTER CHANGES OR ADDITIONS WILL BE ALLOWED AFTER 12/15/2021 – NO EXCEPTIONS

Head Coach: _____ Assistant Coach _____

Assistant Coach _____ Assistant Coach _____

Assistant Coach _____ Assistant Coach _____

	Name	Jersey Number	Birth Date	Parent/Guardian Name (Printed)	Parent/Guardian Emergency Contact #
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	Name	Jersey Number	Birth Date	Parent/Guardian Name (Printed)	Parent/Guardian Emergency Contact #
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As a duly authorized team representative, I acknowledge, agree and confirm that all team representatives and coaches accept full responsibility for the conduct of team players, coaches, and fans on and off the field and will promote only the best sportsmanship among all of us, win or lose. I further agree that all players, coaches, and fans will be bound by the Rules and Policies of Katy Football Association, Inc. and that I have disclosed the KYF® Parent/Spectator/Coach/Player Code of Conduct to each assistant coach, parent and player. I affirm and pledge that all information provided above regarding each player is true and correct, and that each of the players listed above is eligible to participate in the selected division as provided in the Winter Classic Tournament Player Eligibility Rules for Katy Football Association, Inc.

Print Name

Head Coach (Signature)