## VARSITY RECREATIONAL ROSTER VERIFICATION

Cheerleading Program Name:	
Head Coach Contact Info: Name	
Phone:Em	mail
Classification: O Affiliated O Non-Affiliated	
Affiliated Teams Only	
Governing Organization Name	
Our program cheers for	_ from/ until/
All appropriate general safety rules and We have a valid USA Cheer Youth/Rec Co	ducer policies and procedures including all music guidelines.  I level rules must be followed.  Coaches Membership valid through the 21-22 Season  on agrees, understands and complies with all the above
Coach Information	
Coach Name (First & Last)	Coach Name (First & Last)
If you meet ALL of the requirements listed abov seated authority sign below.	ve, you must have your Rec Organization President or higher
Print Name	Position
Signature	Date

## VARSITY RECREATIONAL ROSTER VERIFICATION

Team Name:	
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Age Group: 6U 8U 10U 12U 14U 8-14 8-18

Level: 1 2 2.1 3 3.1 4 OPEN

## **Athlete Roster Information**

	Name (First & Last)	Gender	DOB		Name (First & Last)	Gender	DOB
1		F or M		19		F or M	
2		F or M		20		F or M	
3		F or M		21		F or M	
4		F or M		22		F or M	
5		F or M		23		F or M	
6		F or M		24		F or M	
7		F or M		25		F or M	
8		F or M		26		F or M	
9		F or M		27		F or M	
10		F or M		28		F or M	
11		F or M		29		F or M	
12		F or M		30		F or M	
13		F or M		31		F or M	
14		F or M		32		F or M	
15		F or M		33		F or M	
16		F or M		34		F or M	
17		F or M		35		F or M	
18		F or M		36		F or M	

## Alternate Roster Information

	Name (First & Last)	Gender	DOB		Name (First & Last)	Gender	DOB
1		F or M		5		F or M	
2		F or M		6		F or M	
3		F or M		7		F or M	
4		F or M		8		F or M	

Team must submit a roster with birthdates and be able to provide athlete's birth certificates if questioned, prior to, during, or after a competition. Team members, including alternates, **must be born during the year, or partial year listed to be eligible for that division.** 

This form will be submitted at registration for each event.