



2025-2026

VARSITY RECREATIONAL ROSTER VERIFICATION

Program:

Team Name:

Age Group:

Level:

Classification: ☐ Affiliated ☐ Non-Affiliated

ATHLETE ROSTER INFORMATION:

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

ALTERNATE ROSTER INFORMATION:

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

Team must submit a roster with birth dates and be able to provide athlete's birth certificates if questioned, prior to, during, or after a competition. The age of the athlete will be determined by the birth year for the competitive season.

This form must be submitted the week prior to each event. Upload link will be provided in the event BAND.