

**SPECIAL GAMES TOURNAMENT TEAM ROSTER
LITTLE LEAGUE TEXAS DISTRICT 28**

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| TOURNAMENT NAME >> | |
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| LEAGUE / TEAM NAME >> | |
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| | PLAYER NAME | League Age | Med Release | Sport Parent Code | Uniform # | MANAGER NAME |
|----|-------------|------------|-------------|-------------------|-----------|--------------|
| 1 | | | | | | |
| 2 | | | | | | MANAGER CELL |
| 3 | | | | | | |
| 4 | | | | | | COACH NAME |
| 5 | | | | | | |
| 6 | | | | | | COACH CELL |
| 7 | | | | | | |
| 8 | | | | | | COACH NAME |
| 9 | | | | | | |
| 10 | | | | | | COACH CELL |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |

I hereby certify that the players on this roster have played in our league this season, that their residency has been verified as within league boundaries (or approved waiver), and that their league age has been verified and meets the criteria for this Special Games Tournament. The team manager and team coaches have had a background check performed and have been approved by the League President and Board of Directors.

Each team parent/guardian has signed a "Sport Parent Code of Conduct" form and submitted a medical release form. These forms are to be carried at all times by the team manager.

Team Manager Signature / Date

League President Signature / Date

One copy of this form to be carried by the team manager, and one copy to be given to the Site Director.