



Reed Ball Park/City of Midwest City Parks and Recreation  
Youth Sports Program  
Roster Form

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ Coach Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

**Please provide a copy of the player's birth certificate with roster.**

PLAYERS LEGAL NAME/DATE OF BIRTH	PARENT/LEGAL GUARDIAN'S SIGNATURE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
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14.	
15.	
16.	
17.	
18.	

**Coach's Affidavit:** This is to certify that this roster, to the best of my knowledge, is assumed to be correct and that all parent/legal guardian signed in their handwriting and the player (s) are eligible by age requirements to compete with my team.

**Coach's Name (print):** \_\_\_\_\_

**Coach's Signature:** \_\_\_\_\_

**Coach's Address/City/State/Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_