



Texas Amateur Athletic Federation Official Team Roster Form – YOUTH (MINOR)

Region

City

Sport

Division

Team Name

NOTE: 1.) Each player and team manager should read the statement on Page 2 before completing and signing this roster.

****Enter S.M.A.R.T. training Certification date (s) & which family unit members (guardian, father or mother) completed training**

**S.M.A.R.T. Cert. Date & G, F, M	Print or Type Player's Name	Bonafide Residence (Street, City, State, Zip)	Texas Drivers Lic or Picture ID #	Date of Birth	Parent/Guardian Signature
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
	13.				
	14.				
	15.				
	16.				
	17.				
	18.				
	19.				
	20.				
	PU1				
	PU2				
	PU3				

***PU= Pickup player**

TEAM MANAGER'S GUARANTEE: Each manager should read the statement on Page 2 before completing and signing this roster.

Manager's Name (Print or type)

Signature of Team Manager

Email address

Date

Manager's Address (Print or type)

Home Phone

Signature of local T.A.A.F. Representative

Signature of Region Director or Region
Tournament Director (if applicable)

City

Zip

Business Phone