**2017 River Falls Classic**

River Falls Youth Baseball Organization

Roster Form

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age/Class: (circle one) 10AA 11AAA 12AAA 12AA 13A 13AAA 14AAA 14/15A

Please fill out this form below and bring it to the Tournament Director table at the field one hour before your first game. During the check-in, the Director will require valid concussion certificates for every coach and birth certificates for every player listed below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Head Coach |  | Assistant Coach |  | Assistant Coach |
| Name |  |  |  |  |  |  |
| Cell Phone |  |  |  |  |  |  |
| Email |  |  |  |  |  |  |
| Concussion Certificate |  |  |  |  |  |  |
| Code of Conduct |  |  |  | -- |  | -- |

Please provide the name, number, and birth date for all players who will be on the roster for the tournament

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Player Name | Uniform  No. | DOB | Birth Certificate | Innings Pitched | | | | |
| Gm1 | Gm2 | Gm3 | Gm4 | Gm5 |
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