

Sparks-a-rama

Team Member Roster Sheet

Use one sheet for each team

Church:	City:
Name of Coach:	

Please turn in this form at the team check-in table

		NAME	PERMISSION SLIP	SECTIONS	GRADE	AGE	DATE OF BIRTH
GIRLS	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
BOYS	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						

(Signed) _____ (Signed) _____
Team Coach Pastor/Commander

PERMISSION SLIP Coach must have their insurance information for church-sponsored activities with them
 SECTIONS Enter "Yes" or "No" if child has completed the ten (10) section requirement in order to play
 GRADE Child must be in second grade or lower
 AGE Child's age on September 1st of this club year
 DATE OF BIRTH Child's date of birth