



Youth Softball Official Roster Form

Henry County Parks and Recreation
 99 Lake Dow Road
 McDonough, GA 30252

Team Name	Age Group	Association Name	
Head Coach Name	Head Coach Phone	Email Address	
Recreation <input type="checkbox"/>		Select <input type="checkbox"/>	
Asst Coach First Name	Asst Coach Last Name	Email Address	Phone #
Team Mom First Name	Team Mom Last Name	Email Address	Phone #

As the head coach, by completing this form and signing, you acknowledge all players on your team are eligible for recreation or travel division play. You are also verifying that you, along with the designated coaching personnel who will be in the dugout, have completed the NCSI background check and are cleared to receive badges.

Recreation Division (3 Freeze Maximum): This involves traditional youth baseball/softball, where players are evaluated and assigned to teams through a controlled 'draft' process overseen by the individual association, in addition to HCPRD Athletic Staff and other participating associations. (6U - MS/HS Minimum 9 - Maximum 13)

Select Division (4+ Freezes): A "Select" team consists of more than 4 Freezes, all teams must have a minimum of 9 players. If a Select team does not meet the roster requirement, they will be allowed to draft players from the controlled draft.



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..... All Rosters are final 1 week before first official game

	Player First Name	Player Last Name	Jersey #	Birth Date	Birth Certificate
1					Yes <input type="checkbox"/> No <input type="checkbox"/>
2					Yes <input type="checkbox"/> No <input type="checkbox"/>
3					Yes <input type="checkbox"/> No <input type="checkbox"/>
4					Yes <input type="checkbox"/> No <input type="checkbox"/>
5					Yes <input type="checkbox"/> No <input type="checkbox"/>
6					Yes <input type="checkbox"/> No <input type="checkbox"/>
7					Yes <input type="checkbox"/> No <input type="checkbox"/>
8					Yes <input type="checkbox"/> No <input type="checkbox"/>
9					Yes <input type="checkbox"/> No <input type="checkbox"/>
10					Yes <input type="checkbox"/> No <input type="checkbox"/>
11					Yes <input type="checkbox"/> No <input type="checkbox"/>
12					Yes <input type="checkbox"/> No <input type="checkbox"/>
13					Yes <input type="checkbox"/> No <input type="checkbox"/>
14					Yes <input type="checkbox"/> No <input type="checkbox"/>
15					Yes <input type="checkbox"/> No <input type="checkbox"/>
16					Yes <input type="checkbox"/> No <input type="checkbox"/>
17					Yes <input type="checkbox"/> No <input type="checkbox"/>
18					Yes <input type="checkbox"/> No <input type="checkbox"/>
19					Yes <input type="checkbox"/> No <input type="checkbox"/>
20					Yes <input type="checkbox"/> No <input type="checkbox"/>

Board Member Signature _____

Athletic Coordinator Signature _____