



OFFICIAL TEAM ROSTER

List all team members below by name with their current age/grade. Coaches must fill out an Official Team Roster for EACH team entered in the competition and submit it with Registration and fees by the deadline. **INDICATE WHICH ATHLETES ARE CROSSOVERS ON EACH FORM.** A maximum of 5 passes will be provided for coaches/admin./staff members, per team. Scholastic teams must have verification for each member from the school they are enrolled in, verifying grade and registration. Please PRINT all information clearly and keep a copy for your records. Coaches are responsible for advising changes- accommodations are not guaranteed.

TEAM & PROGRAM/SCHOOL NAME: _____

HEAD COACH: _____ CONTACT PHONE: _____

EMAIL (required): _____

PLEASE PROVIDE COACH'S NAME AND CONTACT NOT ADVISOR

By submitting this Form I verify that each member of the team has personal accident insurance covering all aspects of this event, or has Canadian health insurance and submitted a MAC Waiver and insurance fee.

COACH'S SIGNATURE: _____

ATHLETE'S NAME:	AGE/GRADE:	ATHLETE'S NAME:	AGE/GRADE:
1. _____	19. _____		
2. _____	20. _____		
3. _____	21. _____		
4. _____	22. _____		
5. _____	23. _____		
6. _____	24. _____		
7. _____	25. _____		
8. _____	26. _____		
9. _____	27. _____		
10. _____	28. _____		
11. _____	29. _____		
12. _____	30. _____		
13. _____	31. _____		
14. _____	32. _____		
15. _____	33. _____		
16. _____	34. _____		
17. _____	35. _____		
18. _____	36. _____		

MANDATORY ATHLETE REGISTRATION & WAIVER FORM MUST be received for each athlete, before or with the Competition Registration. If you have added participants make sure to send their Waiver and insurance fee.

COACH(ES) & ADVISOR/ADMINISTRATOR NAMES:

