



Reviving Baseball in Inner Cities™

TEAM ROSTER

Team Name _____ Division _____

Head Coach _____ Team Colors _____

Phone Number _____ Work/Mobile _____

Email _____

Asst Coach _____ Asst Coach _____

Asst Coach _____ Asst Coach _____

Asst Coach _____ Asst Coach _____

| No. | Player Name | DOB | Bats / Throws |
|-----|-------------|-----|---------------|
| 1. | | | / |
| 2. | | | / |
| 3. | | | / |
| 4. | | | / |
| 5. | | | / |
| 6. | | | / |
| 7. | | | / |
| 8. | | | / |
| 9. | | | / |
| 10. | | | / |
| 11. | | | / |
| 12. | | | / |
| 13. | | | / |
| 14. | | | / |
| 15. | | | / |
| 16. | | | / |
| 17. | | | / |
| 18. | | | / |

putting our youth back into baseball

The minimum number of players needed on a roster will be twelve (12).

The minimum number of players needed to participate will be eight (8). The maximum number of players allowed on a roster will be eighteen (18).

ELIGIBILITY AFFIDAVIT

I the undersigned Head Baseball Coach of the _____
hereby certify and state all players on the enclosed team roster are hereby eligible, according to the rules of Louisiana Youth Baseball, to participate within the Louisiana Youth Baseball league. I duly certify that all our players' names, date of birth & certificates, and ages, as listed & on the attached registration forms are true and correct. We are in compliance with all Louisiana Youth Baseball and the Louisiana Youth Coaches Alliance guidelines and will follow all Louisiana Youth Baseball rules. It is further understood by all parties that the introduction of ineligible players within the Louisiana Youth Baseball games is strictly forbidden.

Head Coach Signature _____

Date _____

Asst Coach Signature _____

Date _____



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