

SDHSBA TEAM ROSTER FORM

Due Date: **March 30th**

TEAM: _____ INSURANCE PROVIDER/ POLICY #: _____

HEAD COACH: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

**If you are a Coop Team, fill out this form separately for each school & only include players from that specific school*

	NAME	GRADE	POSITION <small>(IF KNOWN)</small>	JERSEY # <small>(IF KNOWN)</small>
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I certify all players from _____ are eligible. _____ Athletic Director

**Each school that is a part of your SDHSBA team needs its own Roster Form filled out and signed by their school specific AD.*

In the event an Athletic Director refuses to certify the players, each player from that school must provide a signed letter from school officials addressed to SDHSBA declaring him to be an eligible student/athlete. Those letters must accompany this form.

PLEASE SIGN, SCAN, & EMAIL TO: info@sdhsba.com