

Due to Scorer's Table at First Game

Print this page and neatly fill all blanks and sign below.

FINAL AUBURN SELECT ROSTER

Team Name _____ Grade _____

Head Coach _____ Cell # _____ - _____ - _____

Players # First Name Last Name

(please list in numerical order)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My signature below confirms that as the head coach:

- I have in my possession a signed **Concussion Form** from each player.
- I understand and **agree to comply with all** written league **policies** and any **new rulings** deemed necessary by the commissioner.

Reminder- Home team must provide one scoreboard operator. (Team listed first on schedule is HOME)

X _____ Date _____