



**City of Oxnard Recreation & Community Services
YOUTH SPORTS ROSTER**

Team Name: _____ **Sport League:** _____ **Division:** _____

School Name: _____ **Date Received:** _____

The following roster designates the names of the players representing the above-named team requesting entry into the above-named league/tournament, hosted by the City of Oxnard Recreation Youth Sports Program. As the team coach and assistant coach, we hereby verify that all players on this team are eligible to participate in league/tournament play, are aware of rules, and other specific information regarding the manner in which the league/tournament is to be conducted and fulfill the requirements formulated by the organizers of this tournament.

We accept responsibility for timely submission of this roster and the associated fees required for entry into this league/tournament. (initial) _____

We accept responsibility for supervising the conduct of all players listed on this roster along with their spectators while participating in this league/tournament, and we as a team will strive to promote fair and good sportsmanship for the betterment of the league/tournament.

Head Coach's Signature _____ Date _____

Assistant Coach's Signature _____ Date _____

Head Coach: _____

Assist. Coach: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

| FOR OFFICE USE ONLY | | |
|---------------------|--|--|
| Date Cleared : | | |

| FOR OFFICE USE ONLY | | |
|---------------------|--|--|
| Date Cleared : | | |

| FOR OFFICE USE ONLY | | | PLAYER NAME | JERSEY NUMBER | PHONE NUMBER | DATE OF BIRTH | GRADE |
|--------------------------|--------------------------|--------------------------|-------------|---------------|--------------|---------------|-------|
| MINOR RELEASE | CODE OF CONDUCT | COVID WAIVER | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. | | () | __/__/__ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. | | () | __/__/__ | |
| Received by (Name): | | | | Date: | | | |