

Eligibility Declaration and Team Roster

STAKE PARTICIPATION

COMPLETE, SIGN, AND SUBMIT TO STAKE SPORTS DIRECTOR BEFORE STAKE PLAY

Ward	Stake
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CHECK ONE BOX BELOW					CHECK ONE BOX BELOW	
<input type="checkbox"/> Deacons	<input type="checkbox"/> Beehives	<input type="checkbox"/> YM	<input type="checkbox"/> Seniors	<input type="checkbox"/> Co-ed	<input type="checkbox"/> Basketball	<input type="checkbox"/> Soccer
<input type="checkbox"/> Teachers	<input type="checkbox"/> Mia-maids	<input type="checkbox"/> YW	<input type="checkbox"/> Veterans	<input type="checkbox"/> Singles	<input type="checkbox"/> Softball	<input type="checkbox"/> Flag Football
<input type="checkbox"/> Priests	<input type="checkbox"/> Laurels		<input type="checkbox"/> Women	<input type="checkbox"/> Other	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Other
IF OTHER, SPECIFY:					IF OTHER, SPECIFY:	

Name of Coach (please print)	Telephone	Telephone
	Email	
Signature of Coach		Date

I/we hereby certify that the persons listed on this team roster are eligible and authorized to represent this ward.

Name of Bishop (please print)	Telephone	Telephone
	Email	
Signature of Bishop		Date
Signature of Member of Stake Presidency (required only if team member resides outside of stake)		Date

COORDINATING COUNCIL PARTICIPATION

*COMPLETE, SIGN, AND SUBMIT TO STAKE SPORTS DIRECTOR AFTER COMPLETION OF STAKE PLAY
ONLY IF PARTICIPATING BEYOND THE STAKE LEVEL.*

We hereby certify that the persons listed on this team roster are eligible and authorized to participate in the multi-stake tournament.

Signature of Bishop		Date
Name of Stake Sports Director (please print)	Telephone	Telephone
	Email	
Signature of Stake Sports Director		Date
Coordinating Council	Team Placement (check or circle one): <input type="checkbox"/> 1st Place <input type="checkbox"/> 2nd Place <input type="checkbox"/> 3rd Place <input type="checkbox"/> _____	

Team Roster

Sheet Number _____

Ward	Stake
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Each participant whose signature appears on this roster certifies the following:

- I live within the boundaries of the ward.
- I am aware of the eligibility and age requirements for this team as outlined in the Utah Area Sports Manual. I will abide by the rules and exhibit good sportsmanship.
- I will abide by the rules and exhibit good sportsmanship.
- I understand that my insurance is primary, and the Church insurance is secondary. (Forms can be obtained from the bishop.)

If these conditions are not met, a rule waiver request must be attached.

The signature of a parent or guardian is required for each person participating in youth programs.

- As a parent or guardian I give my permission for my child to be medically treated in case of emergency and family cannot be reached.

Participant (please print) Address Telephone	Date of birth	Signature of participant	Subsequent roster action by bishop	
	Member or Non-member	Signature of parent or guardian	Add or Remove	Initial and Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				