

SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION

YOUTH FLAG FOOTBALL OFFICIAL ROSTER

AGENC'	Υ			ASSO	ASSOCIATION				
TEAM NAME									
HEAD COACH									
ADDRESS									
CITY		2	ZIP						
ASST. C	OACH #1_			——— PHON	E/E-MAIL				
ASST. COACH #2									
FOR OF	FICE USE PROOF	ONLY PROOF	DI AVED MANA	IE IEDSEV #	DIIC	NE # DIDTIID	ATE	CDADE	
<u>WAIVER</u>	OF AGE	OF GRADE	PLAYER NAM	ME JERSEY#	РПС	ONE # BIRTHD MONTH/DAY		GRADE	
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			16.		()				
		•	oach and SCMAF reports Rules Book.	presentative declare that	at this team n	neets all SCMAF rules	and regu	ılations	
Head	Coach Signatu	re		Print Name		Date			
Head Coach Signature					Date	Date			
SCMAF Representative Signature				Print Name					
agen coac	cies and ass h and assist	sociations shall	coach and act in a cou upport and influence g	CONDUCT The administrateous and professional regood sportsmanship, high	nanner while o	on or off playing area. W	e, as the h	nead	
Head	l Coach Sig	nature							