



# Fargo-Moorhead Fall Baseball League Team Roster



Team Name \_\_\_\_\_

Age Group- BB3-4 BB5-6 BB7 BB8-9 BB10-12  
SB4-6 SB7-9 SB10-12

*Teams and Groups must provide at least one coach for their players*

Coach Name \_\_\_\_\_

Coach Email \_\_\_\_\_ Coach Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Coaches---** Please email a copy with Player Names, Grades, and Shirt Sizes as soon as your roster is complete. You may turn in a signed roster the first day of league. Please email to [mike@fmballyard.com](mailto:mike@fmballyard.com)

**By signing below all Parents/Guardians agree to the player release and liability waiver available at [www.fmallball.com](http://www.fmallball.com)**

Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____
Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____
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