LakePoint Team Roster 2024-25

Team Name: _____ Division: _____

Coach Name: _____ Team Manager: _____

Phone Number (Coach): _____ Phone Number (Manager) _____

Event Attending: _____

Contact Email: _____

Completely fill out <u>ONE</u> "Roster Form" per team entry as follows:

1. Please make sure all participants on your team have filled out online waiver. https://waiver.smartwaiver.com/v/lpyouthsports/

2. Fill out each line completely along with obtaining each participant's signature. For those participants under 18 years of age, the form should be signed by a parent / legal guardian.

3. Bring completed "Team Form" to competition and turn in when checking in. Teams will not be allowed to participate if information is not complete.

Name of Participant	Gender (M/F)	Birth Date (DD/MM/YY)	Signature (Participant / Legal Guardian)	E-mail Address