

ICSL SOCCER TEAM ROSTER

AGE DIVISION (circle)

U10

U12

7th-8th

SEASON (circle)

SPRING

FALL

YEAR _____

TEAM NAME _____

COACH'S NAME _____

The Coach must witness and initial the signature of each parent. The Coach is required to bring this roster with original signatures to each ICSL game and present it, if requested by a referee or the league.

	PLAYER'S NAME (printed)	BIRTH DATE	GRADE	SCHOOL	PARENT'S SIGNATURE	COACH'S INITIALS
1.	_____	_____	_____	_____	x	x
2.	_____	_____	_____	_____	x	x
3.	_____	_____	_____	_____	x	x
4.	_____	_____	_____	_____	x	x
5.	_____	_____	_____	_____	x	x
6.	_____	_____	_____	_____	x	x
7.	_____	_____	_____	_____	x	x
8.	_____	_____	_____	_____	x	x
9.	_____	_____	_____	_____	x	x
10.	_____	_____	_____	_____	x	x
11.	_____	_____	_____	_____	x	x
12.	_____	_____	_____	_____	x	x
13.	_____	_____	_____	_____	x	x
14.	_____	_____	_____	_____	x	x
15.	_____	_____	_____	_____	x	x
16.	_____	_____	_____	_____	x	x
17.	_____	_____	_____	_____	x	x
18.	_____	_____	_____	_____	x	x
19.	_____	_____	_____	_____	x	x
20.	_____	_____	_____	_____	x	x
21.	_____	_____	_____	_____	x	x
22.	_____	_____	_____	_____	x	x
23.	_____	_____	_____	_____	x	x