

6U June Boom Tourney

ALL TEAMS MUST CHECK-IN AT LEAST ONE (1) HOUR PRIOR TO THE START OF THE FIRST GAME.

LEAGUE

TEAM NAME

	PLAYER NAME (LAST NAME, FIRST NAME)	BIRTH DATE MM/DD/YYYY	ASA CARD NUMBER	Parent Signature	CHECKED BY STAFF
1					
2					
3					
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- Parents or guardians signature shall be on the same line as the player's name, as it appears on this roster.
 - By signing this roster, parent or legal guardian acknowledges that the date of birth is correct and valid. The parent or legal guardian also releases LMGSA, and the City of La Mirada of all liabilities that may arise from illness including COVID-19 and or injuries which may occur for the duration of the tournament.
 - TEAM MANAGER'S AFFIDAVIT – I, the manager of the above team, do hereby state that all of the information supplied on this roster form is correct to the best of my knowledge and that all of the parents or guardians having signed the above roster in their own handwriting. I further agree that each player is eligible to compete on my team in the 6U JUNE BOOM TOURNAMNET according to USA Rules. I have read and agree to abide by all the Tournament Rules.
- IMPORTANT: Each team manager shall be responsible to keep legal copies of birth certificates or photo USA cards, etc., at all times during the tournament in the event of a protest.

Manager's Signature: _____ Date: _____