

WEST KENTUCKY BASEBALL & SOFTBALL ASSOCIATION OFFICIAL ROSTER

Team Name:	Area:	Season year:	<input type="checkbox"/> Boys <input type="checkbox"/> Girls
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Age Division: (if combined division, please check both boxes)

- T-Ball 4 T-Ball 5 T-Ball 6 7 yr. Old 8 yr. Old 9 yr. Old 10 yr. Old 11yr. Old
 12 yr. Old 13 yr. Old 14 yr. Old 15 yr. Old 16 yr. Old High School/Senior Divisions

	Print Name of Player (Oldest to Youngest)	Address	City & Zip	Date of Birth M-D-YYYY	Phone Number	Paid
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

1. You **MUST** obtain a copy of the player's birth certificate & keep with your copy of the roster, per **Section 1.1** of the WKBSA Rulebook.
2. An approved copy of your Roster **MUST** be at all League and Playoff games, & surrendered to the Umpire in Chief upon request.
3. Fill roster out in **INK**. After approval by a WKBSA Official, one copy will be returned to you, and the area president will hold one.
4. **Simplified child abuse/molestation risk management program:** As a manager, coach, or volunteer I acknowledge that I reviewed the WKBSA's Simplified Child Abuse/Molestation Risk Management Program and that I have read the statement and voluntarily agree that as a condition of future participation, employment or involvement in this organization, I will abide by all the terms, conditions, policies, and procedures contained within the statement. As a manager, coach, or volunteer I willingly sign this form:

Name (Print)	Signature	Date	Phone #	Email	Concussion Training Completed (Coach Check)	Background Check Completed (Area Check)
Manager					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Assistant Coach					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Assistant Coach					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Assistant Coach					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Roster Approval Section

Area Approval (President or Coordinator)	Signature:	Date:
WKBSA Approval	Signature:	Date:

Players Released During the Current Season and Player Release Form Completed

1.	2.	3.
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Players Added to Roster after the Pool Draw (WKBSA Rules 1.10 - 1.15)

	Name	Address	City / Zip	DOB M-D-YYYY	Phone	WKBSA Approval (Init & Date)
1						
2						
3						
4						
5						