

Cheerleading Roster Instructions

- Type the name of the player (Last Name, First Name, Middle). **Name must match birth certificate.**
- Start at the top and go down. Don't leave any blank lines.
- Complete the form alphabetical order starting with last name.
- Leave "Opponent" and "Game Date" blank. These will be completed on the copy used at game day check-in.
- **Roster Verification**
 - The league President, Vice-president, or Cheer Director will verify and sign the roster before the roster verification meeting in August.
 - The person verifying the roster will also sign at the roster verification meeting.
 - The BCYFCA North or South Area Cheer Agent will then sign once all rosters have been verified. They will put a line through the row after the last name on the sheet with the total number of players, and will initial it.
 - The Area Agents will keep the original and make 3 copies for the BCYFCA Vice President of Cheer, the league, and the BCYFCA Secretary.
- **To add a player after roster verification...**
 - Put the new player on the next available line. Updates will be handwritten on the original roster.
 - Coordinators will then have the one of the following people verify the add-on.
 - BCYFCA President
 - BCYFCA Vice President
 - BCYFCA Cheerleading Director
 - BCYFCA North or South Area Cheer Agent
- **A copy of the latest certified roster is required at all game day check-ins, including playoffs and the Superbowl.**

**BREVARD COUNTY YOUTH FOOTBALL & CHEERLEADING ASSOCIATION
2017 OFFICIAL ROSTER**

LEAGUE: _____ **DIVISION:** _____ **OPPONENT:** _____ **GAME DATE:** _____

NAME OF ATHLETE (LAST NAME, FIRST NAME, MIDDLE NAME) PRINT OR TYPE CLEARLY	DOB (MM/DD/YY)	LEAGUE AGE (08/01/17)	ROSTER VERIFICATION SIGNATURE	GAME DAY CHECK-IN (INITIALS)	CARD PUNCHED (INITIALS)

HEAD COACH: _____

PHONE : _____

LEAGUE OFFICIAL: _____
(PRESIDENT, V. PRESIDENT, COORDINATOR SIGNATURE)

AREA AGENT: _____

VERIFIER NAME: _____

DATE CHANGED: _____

**BREVARD COUNTY YOUTH FOOTBALL & CHEERLEADING ASSOCIATION
2017 OFFICIAL ROSTER**

LEAGUE: _____ **DIVISION:** _____ **OPPONENT:** _____ **GAME DATE:** _____

NAME OF ATHLETE (LAST NAME, FIRST NAME, MIDDLE) PRINT OR TYPE CLEARLY	DOB (MM/DD/YY)	LEAGUE AGE (08/01/17)	ROSTER VERIFICATION SIGNATURE	GAME DAY CHECK-IN (INITIALS)	CARD PUNCHED (INITIALS)

HEAD COACH: _____

PHONE : _____

LEAGUE OFFICIAL: _____
(PRESIDENT, V. PRESIDENT, COORDINATOR SIGNATURE)

AREA AGENT: _____

VERIFIER NAME: _____

DATE CHANGED: _____