

Football 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 in jersey number order (football only).
- 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 Tackle 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 Tackle 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 Tackle Agents will keep the original and make 3 copies for the BCYFCA Vice President, 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.
 - Tackle directors will then have the one of the following people verify the add-on.
 - BCYFCA President
 - BCYFCA Vice President
 - BCYFCA Cheerleading Director
 - BCYFCA Football 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:** _____

JERSRY NUMBER (FOOTBALL ONLY)	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, TACKLE DIRECTOR SIGNATURE)

TACKLE AGENT: _____

VERIFIER NAME: _____

DATE CHANGED: _____

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

JERSRY NUMBER	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 WEIGHT-IN (INITIALS)	CARD PUNCHED (INITIALS)

HEAD COACH: _____ **PHONE :** _____

LEAGUE OFFICIAL: _____
(PRESIDENT, V. PRESIDENT, TACKLE DIRECTOR SIGNATURE)

TACKLE AGENT: _____

VERIFIER NAME: _____

DATE CHANGED: _____