N.W.D.A.S.A. Youth Roster (Must be filled out completely)

Team Name:_____ **Returning Team (Yes or No):** _____ **Age Division:** _____

Is your team competing in a State ASA Tournament? Yes, No or Maybe:_____ **Head Coach:** _____

	Player Name	Parents' Name	Address	Phone Number	Player D.O.B.	Birth Cert.	Parent Consent	Medical Consent	Paid
	Jane Doe	Jack and Jill Doe	123 S. ASA Ave., Enid, OK 73703	(580) 555-1212	1/1/2001	✓	✓	✓	✓
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	Coaches:	Address	Phone Number	Coaches D.O.B.	Bckgrnd Check	ACE Cert.	Coaches Conduct	Pd ASA
HC								
2								
3								
4								
5								