COED PSSSA OFFICIAL ROSTER for 2024

Team Name:	Home Field					
Print Player Name	Signature	Birthdate	ΕN	V	Residence(Street/city,State/Zip	Phone
			Ш			
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* a checkmark under "M" denotes CPR/First Aid certified, a checkmark under "E" denotes a male player 80 years of age or older, a checkmark under "C" denotes player as a crossover						
TeamManager/Coach Affidavit						
I am the manager/coach of the above team and, after bieng first duly sworn, depose and say that all of the information supplied above is correct to the best of my knowledge and that all of the players						
signed the above in their handwriting and they are eligible to compete with my team and agree to be bound by the rules of the PSSSA and the Procedural Codes.						
Manager (Print)Signature					Phone	
Manager Address						
Coach						

The undersigned hereby, separately, certify that each is eligible according to the rules & regulation of PSSSA and hereby agree to abide by such rules and regulations, and to play with this association until properly released in accordance with PSSSA rules governing same. The undersigned also hereby separately for their heirs, executors, and administrators waive and release any and all rights and claims that may be had, or might rise against, the PSSSA, its affiliates, sponsors, agents, or representatives for any and all injuries or losses suffered by the undersigned while competing in or in connection with the programs of the said Association.