



MVP ROSTER



The Parent/Guardian, by signing below, guarantees that their child's information provided on this roster is accurate and correct and understands that failure to do so will prevent their child from participating in the MVP Sports event and potentially future events.

PRINT PLAYER'S NAME	STREET ADDRESS	CITY	STATE	ZIP	DOB	PRINT PARENT NAME	PARENT SIGNATURE	RELATIONSHIP

The Coach/Manager, by signing below, guarantees that all of the information provided on this roster is accurate and correct and that all parents and guardians signed the above in their own handwriting.
 The Coach/Manager, by signing below, further guarantees that all players participating in the MVP Sports event is accurately listed on this roster.

PRINT TEAM NAME		TEAM AGE GROUP		PRINT COACH/MANAGER NAME		COACH/MANAGER SIGNATURE	
PRINT COACH/MANAGER CELL #		PRINT COACH/MANAGER ADDRESS		PRINT COACH/MANAGER EMAIL			