PERMIAN BASIN
YOUTH FOOTBALL LEAGUE

ROSTER FORM

I HAVE READ THIS RELEASE OF LIABLITIY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS.

	Last Name, First Name *Alphabetical by last name*	Jersey #	Birth Date *MM-DD-YYYY*	Age *as of 7/1*	Grade	Parent Signature *(Parents sign below)*	Cell Phone	Date signed *MM-DD-YYYY*
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