



Team Roster Form

Roster Procedures

MSAHA member organizations must submit a team roster for each sport participating in MSAHA conference play. Rosters must be submitted using the fillable pdf form by the deadline for the sport. Submit by email to info@msaha.org. Rosters must comply with the requirements of Section 3.1.d) of the MSAHA Rulebook. Please list one biologic gender followed by the other.

Sport	Roster Deadline	Age (age as of this date)	Age Divisions
Cross Country	September 1 st	August 1 st	Varsity, Middle School, Elementary
Basketball	Prior to 1 st Conference Game	July 31 st	18U, 16U, 14U
Softball	July 15 th	August 1 st	Varsity, Jr Varsity, Middle School
Baseball	February 1 st	August 1 st	Varsity, Jr Varsity, Middle School
Track and Field	March 1 st	August 1 st	Varsity, Middle School, Elementary
Volleyball	Prior to 1 st Conference Game	August 1 st	Varsity, Jr Varsity, Middle School

Ref: Section 3.3.c) and Section 7 of the MSAHA Rulebook

Sport Cross Country Basketball Baseball Track and Field
 Volleyball Softball Other (specify) _____

Gender Boys Girls

Divisions (Select All That Apply)
 18U / Varsity 16U / JV 14U / MS Elementary

Organization: _____ Date: _____

AD: _____ Head Coach: _____ Scheduler: _____
Phone: _____ Phone: _____ Phone: _____
Email: _____ Email: _____ Email: _____

Coach: _____ Coach: _____ Coach: _____
Phone: _____ Phone: _____ Phone: _____
Email: _____ Email: _____ Email: _____

Coach Certification	Organization Certification
I Certify that I will comply with MSAHA conference rules for Code of Conduct, Game Rules, and Sport Specific Rules. I know the penalties for non-compliance. See sections 4, 5, and 7 of the MSAHA Rulebook. _____	All players and all coaches/managers meet all MSAHA conference requirements for eligibility for teams and players. See sections 3 and 7 of the MSAHA Rulebook _____
Coach's Signature	Athletic Director or Other Official's Signature



Primary Team (JV/16U/Etc.)	Jersey No.	Last Name	First Name	Birthday (MM/DD/YY)	Athletic Grade 9th-12th Only
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Primary Team (JV/16U/Etc.)	Jersey No.	Last Name	First Name	Birthday (MM/DD/YY)	Athletic Grade 9th-12th Only