



SOUTHERN CALIFORNIA
MUNICIPAL ATHLETIC FEDERATION
YOUTH BASKETBALL OFFICIAL ROSTER

AGENCY _____
HEAD COACH _____
ADDRESS _____
CITY _____ ZIP _____
ASST. COACH _____

TEAM NAME _____
DAY PHONE () _____
EVENING PHONE () _____
FAX # () _____
EMAIL ADDRESS _____
DAY PHONE () _____

CLASSIFICATION (ONE EACH)
1. TOURNAMENT of LEAGUE CHAMPIONS _____ **OPEN** _____
2. BOYS _____ **GIRLS** _____
3. AA _____ **A** _____ **B** _____ **C** _____

<u>FOR OFFICE USE ONLY</u>			<i>PLAYER NAME</i>	<i>JERSEY #</i>	<i>PHONE #</i>	<i>BIRTHDATE MONTH/DAY/YEAR</i>	<i>GRADE</i>
<u>WAIVER</u>	<u>PROOF OF AGE</u>	<u>PROOF OF GRADE</u>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.		()		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.		()		

THE FOLLOWING MUST BE COMPLETED BY THE SCMAF REPRESENTATIVE IN CHARGE OF BASKETBALL

- How was this team formed? Draft _____ Blind draw _____ School/Park _____ All Stars _____ Balanced by skill level _____
Tryouts with school team (explain) _____
Other (explain) _____
- Number of games played prior to the Association Tournament? (i.e. scheduled practice games, league games, playoffs, non sanctioned tournaments) _____
- The Minimum Play Rule used in your agency is: SCMAF Rule _____ Other (explain) _____
- Has any player been added/dropped from the team roster after 50% of the league is completed? Yes _____ No _____
If yes, please explain _____
- After reviewing the T.L.C & Open classification criteria in the SCMAF Youth Sports Rulebook, this team should be placed in the
Open Classification _____ T.L.C. Classification _____

I, the undersigned SCMAF representative declare that this team meets all SCMAF rules, regulations, and classification criteria set forth by the Youth Basketball Committee.

SCMAF Representative Signature Print Name Date ()
Day Phone #

HEAD COACH AND ASSISTANTS CODE OF CONDUCT The administrators, supervisors, and coaches representing the agencies and associations shall coach and act in a courteous and professional manner while on or off playing area. We, as the head coach and assistants, agree to support and influence good sportsmanship, high moral standards, and be responsible for the conduct and acts of our players and spectators.

Head Coach Signature _____ Asst. Coach Signature _____
Asst. Coach Signature _____