



SOUTHERN CALIFORNIA  
MUNICIPAL ATHLETIC FEDERATION  
YOUTH BASKETBALL OFFICIAL ROSTER

AGENCY CSDR  
HEAD COACH Keith Adams  
ADDRESS 3044 Horace St  
CITY Riverside ZIP 92506  
ASST. COACH \_\_\_\_\_

TEAM NAME B Division Red Cubs (CSDR)  
DAY PHONE (951) 824-8042  
EVENING PHONE (951) 824-8042  
FAX # ( ) \_\_\_\_\_  
EMAIL ADDRESS nmoore@cldr-coe.ca.gov  
DAY PHONE (951) 824-8042

CLASSIFICATION (ONE EACH)

1. TOURNAMENT of LEAGUE CHAMPIONS \_\_\_\_\_ OPEN \_\_\_\_\_  
2. BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_  
3. AA \_\_\_\_\_ A \_\_\_\_\_ B X C \_\_\_\_\_

FOR OFFICE USE ONLY			PLAYER NAME	JERSEY #	PHONE #	BIRTHDATE MONTH/DAY/YEAR	GRADE
WAIVER	PROOF OF AGE	PROOF OF GRADE					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Luca Visco	1	(951) 824-8042	9/1/06	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Darius Zarembka	5	(951) 824-8042	10/05/06	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Donovan Chmaj	24	(951) 824-8042	12/03/07	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Gio Visco	11	(951) 824-8042	1/04/08	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Andrew Ruiz	3	(951) 824-8042	3/05/08	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Sal Guido	21	(951) 824-8042	6/09/08	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Tony McFarland	10	(951) 824-8042	5/31/06	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Kaden Adams	23	(951) 824-8042	2/13/07	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.		(951) 824-8042		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.		(951) 824-8042		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.		(951) 824-8042		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.		(951) 824-8042		

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 \_\_\_\_\_