DiscNW Youth Team Roster

Name of Event:	Year of Event:

Team Name:	School Represented:

Please list the names of all players on the team in the table below. Feel free to add more rows if necessary. The "Waiver" and "Medical Authorization" columns are for your convenience only; you may use this as a checklist as you collect the necessary paperwork.

Last Name	First Name	Medical Authorization?	Waiver?