Baseball 9U Tournament Team Roster/Affidavit

am Name: League:				
Player's Name				
1	League President's Certification			
2.	With my signature below, I certify			
3	rulos			
4				
56	Date:			
7				
8	Team Manager's Certification With my signature below, I certify			
9	that the players listed to the left are eligible to play per tournament rules.			
10				
11				
12				
13				
14				
DA/Tournament Director Approval				
	Date:			
Replacement Player's Name	Manager's DA/ADA Initials* Initials			
1				
2				

^{*}By initialing this document you certify that the player listed to the left is eligible to play per tournament rules. (The player being replaced needs to be crossed off in the original list above)

Ohio District 2 Little League

Baseball 9U Tournament Team Roster/Affidavit (cont.)

Team Name:	League:		
Manager's Name			
		League President's Certification	
Coaches' Names	With my signature below, I certify that the adults listed to the left are eligible to participate as the		
1		manager or a co tournament rules	
3			
4		Date:	
DA/Tournament Director Approval of Manager/Coaches			
		Date:	
Replacement Manager's Name (permanent)		President's Initials*	DA/ADA Initials
*By initialing this document you certify that the person listed per tournament rules. (The manger being replaced needs to			
Replacement Coaches Name (permanent)		President's Initials*	DA/ADA Initials
*By initialing this document you certify that the coach listed tournament rules. (The coach being replaced needs to be compared to the coach being replaced needs to be compared to the coach being replaced needs to be coach being replaced needs need needs need needs need need			
Replacement Manager's/Coaches' Name (temporar		Manager or Coach?	DA/ADA Initials
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