GRPA Athletic Manual



OFFICIAL PLAYER ADD/PICKUP ROSTER

Georgia Recreation & Park Association 1285 Parker Road Conyers, GA 30094 Phone: 770-760-1403 – Fax: 770-760-1550

Indicate ro	dicate roster color:							
\square White	□ Pink							
\square Yellow	\square Gold							

Agency:				District:						
Repres	sentative:				Phone):				
Addre	ss, City, Zip:									
Tournament (Class, Age, Sport, Division):				Team Name:						
Coach/Phone:				Certification Program:						
	Name – Alphabetical by Last Name	Age	Birthdate	Type of Birthdate Verification	Jersey #	Jersey Color	Weight (FB Only)	Striped Helmet (FB Only)		
1										
2										
3										
	eation Program and meet al	l requirem	ents as set for		e Athletic M	anual.		irougn our		
Agency Director: Date:										
Distri	ct Athletic Chairman – Appro	oval & Date	e:							
State	Athletic Committee Chair: Co	py Rec'd	& Date:							
only a	Form must be attached to you add/pickup players if there is rs. You cannot drop players	room on n	ny original ros	ter. If my roster is fu						
GRPA to me	fy that the named players in the extrules to this team. As the official and found no discrepancies and a puth team coaches have undergo	al responsible all Youth par	e for certifying tricipants/parent	his roster, I attest that I h	nave carefully	checked the	birth document	s presented		
	*Agency Director					Date				
		de employee		nembers and minister appror government. Must work th		rs per week in	that industry by	the average		
***Mi	nister or Personnel Director	**Tournar	nent Director / T	hird Party – Attest to eligi	bility only		Date:			