



Mid-Cities Basketball Association Select Team Roster

LEAGUE (circle) JB(S) / MB(S) / SB(S)

TEAM NAME _____

Please PRINT LEDGIBLY.

LAST NAME	FIRST NAME	Birth Date DD/MM/YY	Grade	For JB(S) or MB(S): Player Qualification Category*. Enter A, B, or C	Parent Email Address
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
**9.					
**10.					

I represent and warrant that I am the Head Coach above listed Team. Further, parents of above listed players have committed to their child playing on this team in MCBBA. Each parent additionally knows they must complete a select player consent form before their child will be allowed to participate. The information supplied above is correct to the best of my knowledge.

HEAD COACH NAME (PRINT) _____

HEAD COACH Signature _____

Date: _____

*** Player Qualification Category**

If League is either JB(S) or MB(S), each player must qualify as one of following:

- A) Child of head coach
- B) They did not play previous season in MCBBA
- C) The team the player played on last year in MCBBA had an OFFICIAL coach that is a coach for this Select Team. Note: If an assistant, coaching application must be submitted to qualify.

*Teams remember other select fees:
 ** Add player after the 8th player: \$100 (plus late fee if after November 19th)
 Add player after November 19th: \$20
 Drop (remove) player from a roster: \$20*