



**Flower Mound Youth Sports Association
Protected Player Roster Form**

rev. 12/2008

Team Name Request:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

Coaching Applicant (please print): _____
Season: _____
Age Group: _____

FMYSA Coaching Exp. (most recent): _____ **Team Name:** _____
Are You NYSCA Certified (yes/no): _____ **NYSCA Certification Numer:** _____
Are You ACE Certified (softball only; yes/no): _____

I hereby request to be considered for an FMYSA coaching position during the upcoming season. If I am selected, I submit the protected players listed below for the coming season. I have verified that this roster conforms to the FMYSA "Team Formation Policy." I understand that FMYSA directors may add additional players to my submitted roster. I have personally contacted each parent or guardian of the players listed below and received permission to place their child on this roster. I have also explained to each parent or guardian that the player must be formally registered to play either through FMYSA online registration or the scheduled In-Person registration. I understand that **any coach caught falsifying data will be removed from any FMYSA coaching capacity for 12 months**. All information must be completed prior to submitting this document.

Coaches Information (please print or type):

Each Head Coach applicant must fill out the following information for all team coaches. If you do not have know all of your coaches at this time you will be responsible for providing this information to your League Director prior to the season starting. You must have all of the information for the known coaches filled in to be considered for a Head Coaching position. You can only have three Assistant Coaches. Depending on your League, either 2 (BB: 9U and above, SB: 12U and above) or 3 (BB: 8U and below, SB: 10U and below) adult uniforms are provided. Coaches must pay for any additional uniforms at In Person Registration (\$25.00 each).

	Coach's Name	Phone	Child's Name	Position	Email Address	Jersey Size (AL, AXL, AXXL, AXXXL)	Uniform (Yes/No)
1)				HC			
2)				AC			
3)				AC			
4)				AC			

Protected Player Roster (please print):

Completed rosters must be submitted at in-person registration

	Player Last Name	Player First Name	Birthdate	Playing Up (yes/no)	Phone	Parent Consulted (first name) & Date	Played Last Season? (yes/no)	Team Last Season
1)								
2)								
3)								
4)								
5)								
6)								
7)								
8)								
9)								
10)								
11)								
12)								

I hereby verify the accuracy of information included in this document. I also have read and understand the current rules as found on the FMYSA website and understand that breaking those rules may lead to the removal of my coaching privileges.

Coach: _____

Date: _____