



CGFP Registration Roster Form



Team Name: _____ Age Division: _____

Coach Name: _____ Date: _____

Assistant Coach: _____ Assistant Coach: _____

	<i>Player Name</i>	<i>Age</i>	<i>Birthday</i>	<i>Guardian Name</i>	<i>Contact #</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

*****Please note – A Medical Release Form is required on all CGFP Players & a Volunteer Form is required on ALL Coaches*****