



**SOUTHERN CALIFORNIA  
MUNICIPAL ATHLETIC FEDERATION  
YOUTH BASKETBALL OFFICIAL ROSTER**

AGENCY \_\_\_\_\_  
 HEAD COACH \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 ASST. COACH \_\_\_\_\_

TEAM NAME \_\_\_\_\_  
 DAY PHONE ( ) \_\_\_\_\_  
 EVENING PHONE ( ) \_\_\_\_\_  
 FAX # ( ) \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 DAY PHONE ( ) \_\_\_\_\_

**CLASSIFICATION (ONE EACH)**  
 1. TOURNAMENT of LEAGUE CHAMPIONS \_\_\_\_\_ OPEN \_\_\_\_\_  
 2. BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_  
 3. AA \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			PLAYER NAME	JERSEY #	PHONE #	BIRTHDATE <small>MONTH/DAY/YEAR</small>	GRADE
<small>WAIVER</small>	<small>PROOF OF AGE</small>	<small>PROOF OF GRADE</small>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.		( )		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.		( )		

**THE FOLLOWING MUST BE COMPLETED BY THE SCMAF REPRESENTATIVE IN CHARGE OF BASKETBALL**

- How was this team formed? Draft \_\_\_\_ Blind draw \_\_\_\_ School/Park \_\_\_\_ All Stars \_\_\_\_ Balanced by skill level \_\_\_\_  
 Tryouts with school team (explain) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_
- Number of games played prior to the Association Tournament? (i.e. scheduled practice games, league games, playoffs, non sanctioned tournaments) \_\_\_\_\_
- The Minimum Play Rule used in your agency is: SCMAF Rule \_\_\_\_ Other (explain) \_\_\_\_\_
- Has any player been added/dropped from the team roster after 50% of the league is completed? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please explain \_\_\_\_\_
- After reviewing the T.L.C & Open classification criteria in the SCMAF Youth Sports Rulebook, this team should be placed in the  
 Open Classification \_\_\_\_ T.L.C. Classification \_\_\_\_

I, the undersigned SCMAF representative declare that this team meets all SCMAF rules, regulations, and classification criteria set forth by the Youth Basketball Committee.

\_\_\_\_\_  
 SCMAF Representative Signature      Print Name      Date      (\_\_\_\_\_) Day Phone #

**HEAD COACH AND ASSISTANTS CODE OF CONDUCT** The administrators, supervisors, and coaches representing the agencies and associations shall coach and act in a courteous and professional manner while on or off playing area. We, as the head coach and assistants, agree to support and influence good sportsmanship, high moral standards, and be responsible for the conduct and acts of our players and spectators.

Head Coach Signature \_\_\_\_\_ Asst. Coach Signature \_\_\_\_\_  
 Asst. Coach Signature \_\_\_\_\_