

# Danvers Soccer Saluting Soldiers Festival 2025 Team Roster Form

Type Player Names in Alphabetical Order

**\*Registrar Signature confirms team is affiliated with Massachusetts Youth Soccer**

Town:	Team Name:	Date:
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Age Group:	Girls:	Boys:	Shirt Color:
Travel League (if applicable):	Div:		Section:

Coach:	Phone:
Address:	City/State/Zip:
Ass't Coach:	Phone:
Address:	City/State/Zip:

	Shirt#	Last Name	First Name	Birth Date	Town	Phone
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Coach Certification	Town Certification
I Certify that I will comply with DSSSF, Mass Youth Soccer and Leagues bylaws, playing rules, & Coach's Code of Conduct, and know the penalties for non-compliance.  Coach's Signature _____	All players and all coaches/managers meet all DSSSF, Mass Youth Soccer & League requirements for affiliation and playing age, and the town/club is properly affiliated.  Signature _____

Danvers Invitational Roster Verification: \_\_\_\_\_ Date: \_\_\_\_\_