2026-2027 ACAA Athletics Team Roster

School: _____

Sport: _____**Junior High**_____**/Varsity**_____ **(submit one for each team)**

Mascot: _____

Colors: _____

Coach: _____ **Coach Cell #:** _____

Coach Email Address: _____

Player #:	*Player Name:*	*Player Grade:*	*Uniform Inspected*	**Physical Form on File*	**Medical Release Form on File*

Player #:	*Player Name:*	*Player Grade:*	*Uniform Inspected*	*Physical Form on File*	*Medical Release Form on File*

**Physical and Medical Release Forms should be kept on file at your school. Uniforms should be inspected and should meet requiresments set forth by ACAA.*

By signing this form, I, the Administrator, affirm that the students listed on this *Team Roster* are academically eligible and in "good standing" and have met eligibility requirements to participate in the ACAA Sport listed on this form.

_____ _____

Signature of Administrator **Printed Name of Administrator**

Date: _____

Playing Site Address: _____