



Team Name: _____

Coach Name: _____

Players Last Name	Player First Name	D.O.B.	Parent Name	Phone	Email	Parent Sign

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above team and guarantee all of the information supplied above is correct to the best of my knowledge and that all of the parent, guardian, and player signatures above are in their own handwriting, and they are eligible to compete with my team in **Metro Atlanta Youth Softball League (M.A.Y.S.L.)** activities, and agree to be bound by the rules and regulations of **Metro Atlanta Youth Softball League (M.A.Y.S.L.)**.

Signature of Team Manager _____ Date Signed _____