



Team Name: _____ Division _____

Manager: _____ Season/Year _____

***These roles require completion of Background Check and Safe Sport Training.**

FIRST AND LAST NAME	E-MAIL	PHONE
*Manager:		
*Coach 1:		
*Coach 2:		
*Coach 3:		
*Parent in the Dugout: 6u, 8u, & 10u only		
*Team Photographer:		

***These roles do not require a Background Check. Please do not submit Background Check Information for these volunteers.**

FIRST AND LAST NAME	E-MAIL	PHONE
*Scorekeeper:		
*Groundskeeper:		
*Team Parent: 12u, 14u, HS (not in dugout)		

***Please do not add any additional volunteers than what is required. Thank you.**

This form must be completed and turned in to the League Registrar, before you are issued equipment, keys, or uniforms. If you have any updates after submitting, please email the registrar at registrar@nags.rocks.