**20\_\_\_\_\_ DBB MAJORS PLAYER REGISTRATION FORM**

 (Copy of Roster to be mailed to both the District and State Director prior to first game: Failure to Comply Could Result in Forfeit of League’s Tournament Privileges)

**NAME OF LEAGUE:** **Franchise Number: M -**  **STATE:** **DISTRICT****:**

**League Mailing Address:**  **City****:       St****:       Zip:**  **EMAIL:**

**1**

**NAME OF TEAM:**  **Number of Teams in League****:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL/NAME (As it appears on birth record)** | **MAILING ADDRESS**  | **CITY**  | **ZIP CODE**  | **DATE OF BIRTH**  |

 **(15-16-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDELINES**

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| 1.  |        |        |        |        |        |
| 2.  |        |        |        |        |        |
| 3.  |        |        |        |        |        |
| 4.  |        |        |        |        |        |
| 5.  |        |        |        |        |        |
| 6.  |        |        |        |        |        |
| 7.  |        |        |        |        |        |
| 8.  |        |        |        |        |        |
| 9.  |         |        |        |        |        |
| 10.  |         |        |        |        |        |
| 11.  |         |        |        |        |        |
| 12.  |         |        |        |        |        |
| 13.  |         |        |        |        |        |
| 14.  |         |        |        |        |        |
| 15.  |        |        |        |        |        |
| 16.  |         |        |        |        |        |
| 17.  |         |        |        |        |        |
| 18.  |         |        |        |        |        |

 **MANAGER/COACHES**

 **Name Address City Telephone # Zip**

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| 1.  |         |        |        |        |        |
| 2.  |         |        |        |        |        |
| 3.  |        |        |        |        |        |

 NOTE: A team roster shall be composed in accordance with the rules as found in the official rulebook. Also please indicate **by placing an \*asterisk \* next to any players’ name** that is

 r**esiding outside the boundaries of your league** and has been granted an exception by the State Director to play in your league.

**ONLY PLAYERS LISTED ON ABOVE TEAM ROSTER ARE ELIGIBLE FOR TOURNAMENT PLAY**.

 Changes on team rosters must be reported to the State and District Director in writing. This form will be mailed before the league’s first scheduled game of the season as follows:

 **(a) Original to State Director (b) Copy to District Director (c) Copy retained by league**

-**CERTIFICATION-**

 This is to certify that the above information is correct according to league records and that these players were placed on this team in accordance with the rules. Furthermore, our league is in compliance

 with Federal Law as set forth in Senate Bill 534 Safe Sport Act.

 Date:       Signed:       Title of League Representative:

 FAILURE TO COMPLY WITH DBB REGULAATIONS WITH RESPECT TO THE PLACEMENT OF PLAYERS ON TEAM ROSTERS WILL DISQUALIFY YOUR LEAGUE FROM

 PARTICIPATING IN SANCTIONED POST-SEASON DBB TOURNAMENT PLAY.