

Team Name: \_\_\_\_\_

**STATE TOURNAMENT ROSTER/WAIVER**

Roster Maximum: 22

By signing the Roster below, I verify that I have been a member in good standing throughout the regular season with the team and league herein named. I further verify that I have sufficiently trained for this sport and will not hold the Team, the League, the VFFA, the VFFA Officers, Sponsors or Officials, the Host Parks & Recreation Department or any other tournament related person or organization responsible for injuries incurred by me during the VIRGINIA FLAG FOOTBALL ASSOCIATION Championship Tournament.

We the undersigned, responsible for this Team throughout the regular season **certify that the Team Roster below is true and correct and that no additional players have been added to this team in order to enhance its success** during the State Tournament. We further understand that forfeits will result if players were added and that the VFFA Board of Directors may determine to take further action toward such Team and League regarding their participation in future State Tournaments.

ROS #	JER #	PLAYER NAME – TYPED OR PRINTED		PLAYER SIGNATURE
1.				
2.				
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22.				

League Name: \_\_\_\_\_ Year of: \_\_\_\_\_

Team Name: \_\_\_\_\_ Jersey Colors: \_\_\_\_\_ Team Mgr: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home/Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

*"I hereby obligate myself to this waiver, should I so qualify to enter future events. Further, I have scratched through in ink, the listing above for those not on the roster."*

SIGNATURE REQUIRED: \_\_\_\_\_  
(TEAM MANAGER/COACH)

SIGNATURE REQUIRED: \_\_\_\_\_  
(LEAGUE COMMISSIONER)