



SSMBA Team Roster

Division	Season Year
Centre	

Team Name: _____ Head Coach: _____ Phone: _____

Head Coach NCCP# _____ Head Coach Email: _____

Date Completed/Sent: _____ Received Signed Head Coach Code of Conduct? Yes No

Players Full Name		Birthdate	Address		Postal Code	Phone Number	Last Year - Player Team/Centre? House? Select? Rep?
Last	First	dd mmm yy	Civic Address	Town			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Assistant Coach Staff Full Name	NCCP/CoC	Civic Address	Town	Postal Code	Phone	Assistant Coach Email
1						
2						
3						
4						
5						

Member Centre Approval By (full name): _____

Email: _____

SSMBA Approval

Registrar Signature: X _____

Date: _____

* By submitting this roster, the Centre approval person guarantees that all coaches and helpers have reviewed and will abide by the SSMBA Coaches Code of Conduct located in the Rules book & website.

Submit Rosters to: registrar@ssmba.ca



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Division	Season Year
Centre	

Team Name: _____ Head Coach: _____ Phone: _____

Head Coach NCCP# _____ Head Coach Email: _____

Date Completed/Sent: _____

Additional Volunteer Helpers

	Volunteer Full Name	Viewed CoC?	Civic Address	Town	Postal Code	Phone	Volunteer Email
1		<input type="checkbox"/> Yes <input type="checkbox"/> No					
2		<input type="checkbox"/> Yes <input type="checkbox"/> No					
3		<input type="checkbox"/> Yes <input type="checkbox"/> No					
4		<input type="checkbox"/> Yes <input type="checkbox"/> No					
5		<input type="checkbox"/> Yes <input type="checkbox"/> No					
6		<input type="checkbox"/> Yes <input type="checkbox"/> No					
7		<input type="checkbox"/> Yes <input type="checkbox"/> No					
8		<input type="checkbox"/> Yes <input type="checkbox"/> No					
9		<input type="checkbox"/> Yes <input type="checkbox"/> No					
10		<input type="checkbox"/> Yes <input type="checkbox"/> No					
11		<input type="checkbox"/> Yes <input type="checkbox"/> No					
12		<input type="checkbox"/> Yes <input type="checkbox"/> No					
13		<input type="checkbox"/> Yes <input type="checkbox"/> No					
14		<input type="checkbox"/> Yes <input type="checkbox"/> No					
15		<input type="checkbox"/> Yes <input type="checkbox"/> No					

Member Centre Approval By (full name): _____

Email: _____

SSMBA Approval

Registrar Signature: X _____

Date: _____

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