

NORTH BAY YOUTH FOOTBALL - PLAY ALLOTMENT ROSTER

TEAM NAME : _____ NUMBER OF PLAYERS _____

AGE/WT/DIVISION : _____ DATE _____

OPPOSING TEAMS WEIGHMASTER SIGNATURE _____

DIRECTIONS

This form is to be completed in two copies. One copy is for use by the **PLAY ALLOTMENT RULE MONITORS**, and is the official roster. The second roster is to be given to the P.A announcer prior to the game is the unofficial roster.

ALL PLAYERS ARE REQUIRED TO PLAY 8, 10, OR 12 PLAYS DURING THE GAME.

If you have **29 to 35**, you will play each player 8 plays.

If you have **22 to 28**, you will play each player 10 plays.

If you have **16 to 21**, you will play each player 12 plays.

PAR MONITORS: Each team shall provide two monitors. These monitors will form two teams, each team consisting of one monitor from each team. Each team will be assigned to one side or the other of the playing field. On the home teams side of the field, the visiting team's monitor will be in possession of the home team's form. On the visitor's side, the home team's monitor will be in possession of the visitor's form.

Five minutes prior to the end of each half, the respective monitor will notify its head coach of how many players have not completed their mandatory number of plays and what their jersey numbers are. Final notification shall be given two minutes prior to the end of the game, if they still have not completed PAR. If any player fails to play the minimum number of plays, both of the Presidents are to be notified and the jersey number(s) written down in the space provided below.

PLAYER (S) JERSEY NUMBER _____ / _____ / _____ / _____

If any player or coach is ejected from the game please list their name and for player their number of their jersey and name.

At the completion of the game, this form is to be signed by both teams PAR MONITORS. Then the form will then be given to the opposing association's president. The president will then sign and date the form in the space provided below and keep on file for possible future needs.

BY THE SIGNATURES BELOW WE CERTIFY THAT THE INFORMATION ABOVE AND ON THE REVERSE SIDE OF THIS FORM IS CORRECT.

Home Teams _____ Visiting Teams _____
PAR MONITOR _____ PAR MONITOR _____

VERIFICATION OF QUALIFIED MEDICAL PERSON ON THE FIELD

Name of medical person: _____ Qualification: is. EMT 1, MD, etc: _____

Qualification number: _____ SIGNATURE _____ DATE _____

BY THE SIGNATURES BELOW, I CERTIFY THAT THE INFORMATION ABOVE AND ON THE REVERSE SIDE OF THIS FORM IS CORRECT.

Opposite
Association President _____ **Date** _____

