



# SIERRA FOOTBALL & CHEER 2012 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 OR 10 OR 12 PLAYS DURING THE GAME

1. If you are a Mitey Mite you are required to do **10** plays per game Recommended -5 plays each half of play
2. If you have **29 to 35** you will play each player **8** plays for **Jr. Peewees, Peewees, Jr. Midgets and Midgets.**
3. If you have **22 to 28** you will play each player **10** plays **Jr. Peewees, Peewees, Jr. Midgets and Midgets.**
4. If you have **21 or less** you will play each player **12** plays **Jr. Peewees, Peewees, Jr. Midgets and Midgets.**
5. If you fail to make PAR by the end of the game, the president of your association will be notified. Penalties are, you will forfeit the game. The head coach will be suspended for 1 week and one game.

**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 teams monitor will be in possession of the home teams' form and on the visitors side the home teams monitor will be in possession of the visitors form.

Five minutes prior to the end of each half, the respective monitors will notify their head coaches of how many players have not completed their mandatory number of plays, and what their jersey numbers are. Final notification shall be with two minutes to go in the game if they still have not complied. 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**, 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. President's will put completed forms in their associations PAR Book. **This form must be used unless approved by the Football Facilitator.**

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

<b>Home Teams</b>	<b>Visiting Teams</b>
<b>PAR MONITOR</b> _____	<b>PAR MONITOR</b> _____

## 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 THE FORM IS CORRECT.**

<b>Opposite</b>	<b>Date</b>
<b>Association President</b> _____	_____
<b>Game Score:</b> _____ <b>Home Association:</b> _____	<b>Game Score:</b> _____ <b>Visiting Association</b> _____

