



Team Checklist

Team Name: _____

Date: _____ Head Coach: _____

- Completed COVID Questionnaire for Team (mandatory)
- Completed Team Stretching (mandatory)
- Have an On-field Team Manager
Name of Manager _____
- All Players Have Mouthguards
- All Players Have Molded Cleats
- Roster Updated on TeamSnap
 - Yes
 - No