



TWELVE STEP RECOVERY LEAGUE ELIGIBILITY ROSTER

TSRL Eligibility Roster must be filled out and signed by each player and their coach, showing eligibility qualifying information and be turned in at roster deadline. All information will be kept confidential and only used by the TSRL.

Intention: Coaches & Players Actively Discuss & Understand the TSRL Purpose

CURRENT TEAM NAME: _____

Player Information: Name: _____

Phone#: _____ Age: _____

E-Mail: _____

Eligibility Information:

TSRL Eligibility Qualification: AA _____ NA _____ Alanon _____ Exemption _____

IF CLAIMING EXCEPTION, PLEASE IDENTIFY QUALIFYING REASON _____

****See General Eligibility Requirements in Coaches Packet for Qualifications****

Clean and Sober Date: _____ Alanon Anniversary: _____

Sponsor: YES _____ No _____ Alateen Anniversary: _____

Sponsee: YES _____ No _____ Alanon/Alateen Qualifer: _____

Home Group: YES _____ No _____ 12 Step Service Work: YES _____ No _____

Regularly Attend Recovery Meetings: YES _____ No _____

Years' Experience in TSRL League: _____

Prior Year's Team Names Played for in the TSRL:

Last Year: _____ 2 Years Ago: _____

3 Years Ago: _____ 4 Years Ago: _____

Highest Level of ANY Softball played: "A" _____ "B" _____ "C" _____ "D" _____ "E" _____ "Rec" _____

Year Played in Highest Level: _____ Association: {ie: NSA, ASA} _____

Player Signature: _____ Date: _____

Coach's Signature: _____ Date: _____