



# 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: \_\_\_\_\_