



INTER COUNTY BASEBALL ASSOCIATION 2026 ROSTER SIGNATURE SHEET

Local Association:

(Select local) ▾

ICBA Division:

(Select one) ▾

Projected OBA Division:

(Select one) ▾

Projected Classification:

(Select one) ▾

Head Coach's Name:

Email:

By signing below, I consent for the Inter County Baseball Association (ICBA) to collect my child's information for playing rep baseball with the local team. I confirm that all information provided for the 2026 season roster is complete and accurate. I also grant ICBA permission, unless otherwise notified in writing, to use my child's team and individual action photographs in all formats and publications. Player names may be disclosed for purposes such as celebrating milestones and ICBA All-Star Teams. No other personal information (e.g., address, phone number, school) will be disclosed. I understand that once a photograph is posted online, it can be downloaded by any user, and I waive my rights under the Personal Information Protection and Electronic Documents Act.

		Roster Permission (Provide Full Signature)
1	Player Name:	
	Parent Name:	
2	Player Name:	
	Parent Name:	
3	Player Name:	
	Parent Name:	
4	Player Name:	
	ParentName:	
5	Player Name:	
	Parent Name:	
6	Player Name:	
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7	Player Name:	
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8	Player Name:	
	Parent Name:	
9	Player Name:	
	Parent Name:	
10	Player Name:	
	Parent Name:	
11	Player Name:	
	Parent Name:	
12	Player Name:	
	ParentsName:	

13	Player Name:	
	Parent Name:	
14	Player Name:	
	Parent Name:	
15	Player Name:	
	Parent Name:	
16	Player Name:	
	Parent Name:	