Notes on the Use of the Following Form:

- 1. After downloading the form it should be saved (**Save As**...) to a secure place on your computer or network drive with a name identifying it clearly teamname.level.year (e.g. "football.varsity.10-11)
- 2. The roster on page 1 (and page 2 for large teams) should be filled out and submitted by e-mail to jrisener@oceansideschools.orgAS AN ATTACHMENT* at least five days prior to your first officiated contest. PLEASE PUT TEAM MEMBERS IN ALPHABETICALLY BY LAST NAME.
- 3. At the conclusion of your season you should access the file, update the roster by adding, removing, modifying any student information as needed. At this time you should also complete the End of Season Team/Individual reports and Inventory and Delinquent Items reports. The document should then again be submitted by e-mail to jrisener@oceansideschools.org AS AN ATTACHMENT* no more than two weeks after your final contest.
- 4. Please note that this is a FORM which should allow you to only input information in the gray shaded areas. Where possible we have provided drop-down boxes to relieve you of typing. You can move from one box to another either by clicking in the box with the mouse OR by Tabbing from one box to the next OR by using the Arrow keys to move forward and back from box to box. We have also formatted many of the boxes allowing for only all CAPS or dates where appropriate.

*NOTE ON ATTACHING FILES:

When sending e-mails most application allow the user to ATTACH a file. Clicking attach will usually open a dialogue box asking you to browse for the file (you'll need to know where it is saved) and then select it for attachment. Once attached to the e-mail simply hit SEND.

OCEANSIDE ATHLETICS - HIGH SCHOOL ROSTER

YEAR	SPORT	LEVEL	COACH

Team Roster

(Submit to Athletic Office 5 school days prior to first non-league or league contest) (Submit to Athletic Office at End of Season with Results and Awards indicated)

LAST NAME (ALPHABETICAL)	FIRST NAME	ADDRESS	TOWN, ZIP	D.O.B. MM/DD/YY	DATE ENTER 9 TH (HS only) MM/DD/YY	Academic Probation (HS only)	AWARD (HS only)
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one

OHS Team Roster pg.2 (if needed)

LAST NAME	FIRST NAME	ADDRESS	TOWN, ZIP	D.O.B. MM/DD/YY	DATE ENTER 9 TH MM/DD/YY	Academic Probation (HS only)	AWARD (HS only)
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one
			Choose One			Yes No	Choose one

END OF SEASON REPORT

Team Results: Overall Record League Record **League Standing** Home/Away Date Score (OHS/Oppt) Opponent Home/Away Score (OHS/Oppt) **Opponent Date** H A \mathbf{A} H A \mathbf{H} \mathbf{A} \mathbf{H} A A \mathbf{H} H A \mathbf{H} H H \mathbf{H} H H H **Individual Honors All County** *MVP **All Conference** *Most Improved **All Division** *Player's Player **All County** Other Award **Honorable Mention** (fill in title of award and player's name) **Individual Scholar Athlete Captains** Managers **Team Honors** Qualified for Play-offs Yes No **Team Average NYSPHSAA** $\overline{Y_{es}}$ \square No \square

Scholar Athlete Team

OUFSD ATHLETIC INVENTORY

	YEAR	SPORT _		LEVEL		СОАСН
						1
<u>ITEM</u>	<u># NEW</u>	# GOOD	# POOR	<u># LOST</u>	TOTAL ON	
					<u>HAND</u>	

I have received back all equipment issued to my team members for the sport season described above.

YES NO (if no, please complete Delinquent Equipment Form)

DELINQUENT EQUIPMENT FORM

Student Name	
Team	
Season	
Home Phone	
After repeated collection attempts including:	
End of season collection meeting held on which the	student did 🗌 did not 🔲 attend, and
Attempts to contact the home on:	
Date Spoke with Left message on mac	hine 🗌
Date Spoke with Left message on mac	hine
The above student has not returned the following it	ems:
Item Description	Cost based on most recent P.O. or Catalogue
Filled out and submitted by: Date:	