

## TEAM ROSTER

League \_\_\_\_\_ Sport \_\_\_\_\_

Parish/School \_\_\_\_\_ Team Name \_\_\_\_\_ Team Colors \_\_\_\_\_  
 Name: \_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Boys <input type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/>
Girls <input type="checkbox"/>	6 <sup>th</sup> <input type="checkbox"/>
	7 <sup>th</sup> <input type="checkbox"/>
	8 <sup>th</sup> <input type="checkbox"/>

Name	Address	City/Zip Code	Birth date	School	Was this player on the team last year?
1. _____	_____	_____	_____	_____	Yes No
2. _____	_____	_____	_____	_____	Yes No
3. _____	_____	_____	_____	_____	Yes No
4. _____	_____	_____	_____	_____	Yes No
5. _____	_____	_____	_____	_____	Yes No
6. _____	_____	_____	_____	_____	Yes No
7. _____	_____	_____	_____	_____	Yes No
8. _____	_____	_____	_____	_____	Yes No
9. _____	_____	_____	_____	_____	Yes No
10. _____	_____	_____	_____	_____	Yes No
11. _____	_____	_____	_____	_____	Yes No
12. _____	_____	_____	_____	_____	Yes No
13. _____	_____	_____	_____	_____	Yes No
14. _____	_____	_____	_____	_____	Yes No
15. _____	_____	_____	_____	_____	Yes No

To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee Policies & Procedures for Athletics

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_ Athletic Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor/Principal Signature \_\_\_\_\_ DRE/CYF \_\_\_\_\_ Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Form approved: 5/4/2004 Form