



Form
6145.2(f)

TEAM ROSTER

LEAGUE:	SPORT:	PARISH/SCHOOL:	
COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:
ASSISTANT COACH'S NAME:	ADDRESS:	PHONE:	E-MAIL:

BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/>		TEAM NAME:		TEAM COLORS:	
GRADE: 5 TH <input type="checkbox"/> 6 TH <input type="checkbox"/> 7 TH <input type="checkbox"/> 8 TH <input type="checkbox"/>					
	PLAYER'S NAME:	PLAYER'S ADDRESS:	BIRTH DATE:	SCHOOL:	PLAY LAST YEAR?
1					Yes <input type="checkbox"/> No <input type="checkbox"/>
2					Yes <input type="checkbox"/> No <input type="checkbox"/>
3					Yes <input type="checkbox"/> No <input type="checkbox"/>
4					Yes <input type="checkbox"/> No <input type="checkbox"/>
5					Yes <input type="checkbox"/> No <input type="checkbox"/>
6					Yes <input type="checkbox"/> No <input type="checkbox"/>
7					Yes <input type="checkbox"/> No <input type="checkbox"/>
8					Yes <input type="checkbox"/> No <input type="checkbox"/>
9					Yes <input type="checkbox"/> No <input type="checkbox"/>
10					Yes <input type="checkbox"/> No <input type="checkbox"/>
11					Yes <input type="checkbox"/> No <input type="checkbox"/>
12					Yes <input type="checkbox"/> No <input type="checkbox"/>
13					Yes <input type="checkbox"/> No <input type="checkbox"/>
14					Yes <input type="checkbox"/> No <input type="checkbox"/>
15					Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

SIGNATURE OF COACH:	DATE:	SIGNATURE OF ATHLETIC DIRECTOR:	DATE:
SIGNATURE OF PASTOR/PRINCIPAL:	DATE:	SIGNATURE OF DRE/CYF DIRECTOR:	DATE:

By entering my full name, I attest that this constitutes my legal electronic signature on this form.