

PARISH/SCHOOL _____

DIVISION _____

	Player's Name	Address	ZIP	PARISH	SCHOOL	D.O.B	WEIGHT
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I hereby certify that all players listed on this form are members of our parish(es). They have received the consent of their parents to participate and their parents will accept full responsibility for any injuries received. The undersigned hereby certifies that the players listed above are eligible players as defined in the Rules of the CYO. Any decision regarding or interpretation by the CYO of the above mentioned rules and regulations as well as the rules of the sport for which this roster is submitted shall be final and binding upon all concerned.

Coach's Name(please print) _____ Signature Coach _____

Approved by Director _____ Date _____