



CATHOLIC ATHLETIC LEAGUE OF THE DIOCESE OF PROVIDENCE

ADDITION FORM

SEASON / YEAR 20__ - 20__

Sport /Activity: _____

Gender: BOYS GIRLS CO-ED
Division: JUNIOR GRAMMAR CADET INTERMEDIATE

League: Check one: D1 D2 B

Parish / School Name _____ Address/City/Zip _____

COACH'S NAME _____ Date _____

Table with 8 columns: Player's Name, Address/City/Zip, Phone, Grade, Catholic School Member, Catholic Parish Member, Non-Catholic living in parish boundaries, Authorized Pool Player

I certify that the above player is a registered member and/or active participant of this parish/school. Signature on this form assumes that the individual player liability waiver is on file in the parish.

Name (Please print): _____ Title _____ Date _____ Date Received _____ By _____

Signature _____
Must be signed by a parish ministerial (salaried) staff member. (e.g. Principal, Pastor, Associate, DRE, CYM)



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