## CATHOLIC ATHLETIC LEAGUE OF THE DIOCESE OF PROVIDENCE

## COMPETITIVE ACTIVITY/OFFICIAL ROSTER FORM FOR CATHOLIC SCHOOLS

**SEASON 20** □Boys □Girls □Co-Ed Sport /Activity:\_\_\_\_ **□** JUNIOR **□** GRAMMAR **LEAGUE:** D1 □ D2 □ Instructional □ Address/City/Zip:\_\_ School Name: Phone: Principal Name:\_\_\_\_\_ E-Mail:\_\_\_\_\_ Address/City/Zip:\_\_\_\_\_ Year of Certificate: \_\_\_\_\_ \*Head Coach: Year of BCI: Phone: (H)\_\_\_\_\_/(C)\_\_\_\_\_ EMAIL: \*Ass't Coach:\_\_\_\_\_ Address/City/Zip:\_\_\_\_\_ Year of Certificate: Phone: (H)\_\_\_\_\_/(C)\_\_\_\_ EMAIL: Year of BCI: \*Ass't Coach: Address/City/Zip: Year of Certificate: Phone: (H)\_\_\_\_\_/(C)\_\_\_\_\_ EMAIL:\_\_\_\_\_ Year of BCI:

\*All coaches must have permanent coaching certificate, be Safe Environment Trained and have current (less than 3 years) BCI check on file.

PRINCIPALS: PLEASE CERTIFY THAT THIS ROSTER IS COMPLETE AND THE ABOVE PLAYERS ARE STUDENTS OF YOUR SCHOOL. PRINCIPALS: PLEASE CONFIRM WITH YOUR SIGNATURE THAT THE ABOVE LISTED COACHES/MANAGERS <u>ARE IN COMPLIANCE</u> WITH THE <u>BACKGROUND CRIMINAL CHECK AND SAFE ENVIRONMENT TRAINING</u> FOR THE DIOCESE OF PROVIDENCE.

SIGNATURE ON THE FORM INDICATES INDIVIDUAL PLAYER LIABILITY WAIVERS ARE ON FILE WITH THE SCHOOL			
Signed		_ , PRINCIPAL	Date
_	This D		

<sup>\*\*</sup> All coaches must be listed on this roster. Attach additional pages if needed. \*\*\*Rosters will not be accepted if not complete.

Please submit original to CAL Office, 804 Dyer Ave. Cranston RI 02920.