## CATHOLIC ATHLETIC LEAGUE OF THE DIOCESE OF PROVIDENCE COMPETITIVE ACTIVITY/OFFICIAL ROSTER FORM FOR PARISH TEAMS

Sport/Activity		SEASON: 20			Gender: □ BOYS Division: □ JUNIOR		□ CO-ED	□ INTERMEDIATE
Level: Check one:	D1 🗆	D2 🗆	Instructional	2111011		☐ GRAMMAR	_ 0,151.	
Parish Name:		_	Address/City/Zip:		Parish Youth Coord.	:	Phone	::e-mail
*Head Coach:			Address/City/Zip:		Phone: (H)	/(C)	Year	of: Certificate:BCI
					EMAIL:			
*Ass't Coach:			Address/City/Zip:		Phone: (H)	/(C)	Year	of: Certificate:BCI
					EMAIL:			
*Ass't Coach:			Address/City/Zip:		Phone: (H)	/(C)	Year	of: Certificate:BCI
					EMAIL:			

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

\*\*All coaches must be listed on this roster. Attach addt'l pages if necessary. \*\*\*Rosters will not be accepted if not complete. Please submit original to CAL Office, 804 Dyer Ave. Cranston 02920

		ADDRESS/CITY/ZIP			Grade	Check one box for each player		
PLAYER'S NAME (PLEASE TYPE)	M/F		Parent's Email Address Please be assured that your personal information will not be shared, leased or rented to any organization outside the Diocese of Providence.	PHONE		Catholic Parish Member	Non- Catholic Living in Parish Boundaries 2 MAXIMUM	Pool Player/Baptized Catholic Neighboring Parishes and Towns (Rule 1-4)
			+					

PASTORS: PLEASE CERTIFY THAT THIS ROSTER IS COMPLETE AND THE ABOVE PLAYERS ARE REGISTERED MEMBERS OF YOUR PARISH OR AUTHORIZED PLAYERS.

PASTORS: PLEASE CONFIRM WITH YOUR SIGNATURE THAT THE ABOVE LISTED COACHES/MANAGERS ARE IN COMPLIANCE WITH THE BACKGROUND CRIMINIAL CHECK AND SAFE ENVIRONMENT TRAINING FOR THE DIOCESE OF PROVIDENCE.

Date \_\_\_\_

Signed Title

This Roster *must* be signed by a parish **STAFF** member (e.g. Pastor, Associate, Salaried CYM or DRE).

SIGNATURE ON THE FORM INDICATES THAT INDIVIDUAL PLAYER LIABILITY WAIVERS ARE ON FILE WITH THE PARISH.