

CATHOLIC YOUTH APOSTOLATE

CYC Sports

ARCHDIOCESE OF ST. LOUIS COACH/ROSTER AUTHORIZATION

PARISH/SCHOOL:

SPORT:

(Indicate Yes or No)

(The date of completion needs to be indicated here.)

	GENDER (M/F)	GRADE	Coach's Name	Head Coach	Assistant Coach	Coaches ID #	Protecting God's Children	Background Check	Code of Ethical Conduct
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

I authorize the submission of the rosters for the teams listed above to the CYC Sports Department.

Signature of Pastor/Principal /Child Safety Coordinator or Authorized Representative:

(Title)

(Signature)

(Date)

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Athletic Association must have their roster (s) and their ROSTER AUTHORIZATION FORM (s) completed and submitted to their rectory/school office two weeks prior to the date that the rosters are due for turn-in to their district. List all coaches on the roster for each team.

A District cannot accept rosters or place a team into their leagues without the ROSTER AUTHORIZATION FORM (s) being filled out completely, properly signed and submitted with the rosters.