

FIELDS WITH \*\* NEED TO BE FILLED IN ONLY IF APPLICABLE. NOT ALL FIELDS ARE REQUIRED TO BE FILLED IN--PLEASE CHECK WITH YOUR DISTRICT.

**COLUMN DEFINITIONS:**

O/C : What is the classification of the player? (Open) or (Close) player. An Open player, means they are playing with another team outside the CYC. (page 1)

P.S.R. DAY: Day on which that player attends Parish School of Religion. ( page 1)

PARISH REASSIGNMENT: When a player is reassigned by the District, what type of reassignment/release (List the type)

PUBLIC SCHOOL DISTRICT: What is the public school district that the player lives in? (List the SCHOOL district in the field below)

**\*\*\* PLEASE COMPLETE BOTH SIDES OF THIS ROSTER AND SUBMIT THE APPROPRIATE NUMBER OF COPIES TO YOUR DISTRICT PERSONNEL \*\*\***

#	Player's name as it appears on their CYC ID Card	UNIFORM NUMBER	** FLORISSANT RESIDENT NUMBER	PUBLIC SCHOOL DISTRICT	** PARISH REASSIGNMENT	
1.						
2.						
3.						
4.						
5.						
6.						
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20.						

COMMENTS:

**CATHOLIC YOUTH COUNCIL MANAGER ACCEPTANCE AGREEMENT:** I, AS MANAGER OF THE TEAM LISTED, HEREBY ACCEPT RESPONSIBILITY FOR ACCURACY OF THIS ROSTER. ALSO, I REALIZE THAT I AM ACCOUNTABLE FOR THE CONDUCT OF MY PLAYERS, COACHES AND SPECTATORS DURING ALL CYC ACTIVITIES. FURTHERMORE, AS MANAGER , I AM SUBJECT TO DISCIPLINARY ACTION AT THE DISCRETION OF THE SPORTS COMMITTEE, HEARING BOARD, AND/OR CYC EXECUTIVE COMMITTEE FOR THEIR ACTIONS THAT VIOLATE CYC RULES OR PHILOSOPHY.

**BY SIGNING THE FRONT SIDE OF THIS ROSTER, I ACCEPT THIS AGREEMENT**