

**ARCHDIOCESE OF ST. LOUIS
CATHOLIC YOUTH APOSTOLATE
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	Code of Ethical Conduct	Background Check
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I authorize the submission of the rosters for the teams listed above to the CYA.

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

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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.