

2010 GIRLS SPRING SOCCER TEAM ROSTERS

PARISH: _____ DIVISION: _____ TEAM COLOR: _____

COACH: _____ PHONE: (C) _____ (H) _____

E-MAIL: _____ FAX: _____

ADDRESS: _____ ZIP CODE: _____

The above-named coach has _____ has not _____ completed the Child Protection Training Session as required by the Archdiocese of Mobile.

We do hereby verify the information on this form to be true. If the information is found to be incorrect, the players, the team and parish are subject to disciplinary action.

AUTHORIZED SIGNATURE: _____

PLEASE TYPE OR PRINT IN ALPHABETICAL ORDER – FULL NAME PLEASE.

NAME	NO.	BIRTHDATE	GRADE	PARISH IF CCD PLAYER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

2010 CO-ED SPRING SOCCER TEAM ROSTERS

PARISH: _____ **DIVISION:** _____ **TEAM COLOR:** _____

COACH: _____ **PHONE: (C)** _____ **(H)** _____

E-MAIL: _____ **FAX:** _____

ADDRESS: _____ **ZIP CODE:** _____

The above-named coach has _____ has not _____ completed the Child Protection Training Session as required by the Archdiocese of Mobile.

We do hereby verify the information on this form to be true. If the information is found to be incorrect, the players, the team and parish are subject to disciplinary action.

AUTHORIZED SIGNATURE: _____

PLEASE TYPE OR PRING IN ALPHABETICAL ORDER – FULL NAME PLEASE.

NAME	NO.	BIRTHDATE	GRADE	PARISH IF CCD PLAYER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				