I. D.A.D. Team Roster Registration Form

Church Represented: _____

League Name: _____

Division: _____

Team Colors: _____

Church Address: _____

_____

Church's Phone Number: _____

Name of Head Coach: _____

Head Coach's Cell Number: _____

Head Coach's E-Mail: _____

Assistant Coach's Name: _____

Assistant Coach's Cell Number: _____

Player's Full Name *Please type or print clearly*	Jersey Number	Birthdate	Registration & Consent Form Y / N	Proof of Age Y / N	Baptismal Certificate Y / N	Player Oath of Conduct Y / N	Parent Oath of Conduct Y / N

We certify that the information above has been reviewed and validated to be true. All amendments to this Roster after the League submission deadline must be submitted to the League Sterring Committee for review and approval.

_____ Signature Parish Priest

_____ Signature Head Coach

_____ Date