

# C.S.A.A. TEAM ROSTER

PARISH \_\_\_\_\_ SPORT \_\_\_\_\_

GRADE \_\_\_\_\_ BOYS OR GIRLS \_\_\_\_\_ TEAM # \_\_\_\_\_

\*\*Actual school child is attending whether a public or parochial school.

\*\*\***Please print and list in alphabetical order.**

<u>PLAYERS NAME</u> LAST NAME, FIRST NAME ALPHABETICAL ORDER	<u>GRADE</u>	<u>BIRTH DATE</u>	<u>JERSEY NO.</u>	<u>**SCHOOL</u>	<u>PARISH</u>	<u>PARISH ATTENDED LAST YEAR</u>
1.						
2.						
3.						
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20.						

I HAVE COMPLETED THE SEX OFFENSE SCREENING. YES \_\_\_\_\_ NO \_\_\_\_\_

I HAVE COMPLETED THE SAFE ENVIRONMENT WORK SHOP. YES \_\_\_\_\_ NO \_\_\_\_\_

HEAD COACHES SIGNATURE. \_\_\_\_\_ DATE \_\_\_\_\_.

FAX 459 - 8420 OR RETURN TO: C.S.A.A. 1939 GOLDSMITH LANE, SUITE 214  
DOWN LOAD - WWW.LOUCSAA.ORG LOUISVILLE, KY 40218

<u>PLAYERS NAME</u> LAST NAME, FIRST NAME ALPHABETICAL ORDER	<u>GRADE</u>	<u>BIRTH DATE</u>	<u>JERSEY NO.</u>	<u>**SCHOOL</u>	<u>PARISH</u>	<u>PARISH ATTENDED LAST YEAR</u>
21.						
22.						
23.						
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