



Head Coach	Name:	SSN: xxx-xx-:	Parish:
	Phone:	Birth Date: Age:	Yr. Started Coaching: PGC: yes / no
Asst. Coach	Name:	SSN: xxx-xx-:	Parish:
	Phone:	Birth Date: Age:	Yr. Started Coaching: PGC: yes / no
Asst. Coach	Name:	SSN: xxx-xx-:	Parish:
	Phone:	Birth Date: Age:	Yr. Started Coaching: PGC: yes / no
Asst. Coach	Name:	SSN: xxx-xx-:	Parish:
	Phone:	Birth Date: Age:	Yr. Started Coaching: PGC: yes / no

\*\*\* NOTE: It is required that all coaches attend the Diocesan Coaches Clinic within 1 year from the time his/her name first appears on the roster.

***My signature and parish seal affixed to this Roster confirms that:***

- 1) *The coaches on the team are parishioners or in some way connected to their parish/school.*
- 2) *The coaches have had a Volunteer Background Check.*
- 3) *The coaches have read & signed the Diocesan Policy Regarding Alleged Sexual Abuse of Minors.*
- 4) *The coaches have read & signed the Diocesan Code of Conduct and CYO Coaches Code of Conduct.*
- 5) *The coaches have attended the Protecting God's Children Program and have a certificate on file at the parish.*
- 6) *The students on the team are active members of the parish and/or attend the Catholic school.*
- 7) *The information relative to the players listed has been verified and found to be correct.*

(parish seal)

Reverend: \_\_\_\_\_

Date: \_\_\_\_\_

Reverend: \_\_\_\_\_

Date: \_\_\_\_\_