

ARCHDIOCESE OF ST. LOUIS

CATHOLIC YOUTH APOSTOLATE

COACH/ROSTER AUTHORIZATION

PARISH/SCHOOL:				SPORT:	
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		(Indicate Yes or No)			(The date of completion needs to be indicated here.)			
GENDER	GRADE	Coach's Name	Head Coach	Assistant Coach	Coaches ID #	Protecting God's Children	Code of Ethical Conduct	Background Check
(M/F)								
1								
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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:								
	(Title)		(Signature)			(Date)		
Page _____ of _____								

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.