

2015/2016 PARKVIEW PAROCHIAL LEAGUE / WAUKESHA AREA CATHOLIC CONFERENCE BASKETBALL ROSTER

SCHOOL: _____ GRADE: _____ DIVISION: _____ LEVEL: _____

Head Coach	Head Coach ADDRESS	CITY	ZIP	Phone Number	Email Address

Assistant Coach	Assistant Coach Address	CITY	ZIP	Phone Number	Email Address

Player Name	Player Street Address	CITY/ZIP	BIRTH DATE	SCHOOL ATTENDING	Did student play basketball for your school last year?	If NO Explain on back in detail Yes/No
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

"We certify that each team member listed above has written parental permission to play in the Parkview Parochial League, that each member is within the age limit and is eligible to play under league rules and that any CCD students are actively involved in the Parish CCD Program. To the best of our knowledge, all players listed conform to all eligibility rules, all coaches have satisfied the certification requirements, and the team and the athletic program at the parish/school are in compliance with all current Archdiocese of Milwaukee policies and procedures for athletics."

PRINCIPAL and/or PASTOR

DATE

CCD PROGRAM DIRECTOR

DATE

ATHLETIC DIRECTOR and/or BASKETBALL COORDINATOR

DATE