NORTHERN VIRGINIA JUNIOR CYO ROSTER FORM

League:_____

Team s Parish: _____ **Team Colors:**_____

Head Coach:_____ **Phone (h):**_____ **(w)**_____

Address:_____

Player s Name	Date Of Birth	Grade	School Attending	If CCD, Parish Attending	Enrolled Date

Notes: If a child is home schooled, write Home Schooled under School Attending . Pastor must sign below. If a child attends a Catholic School in another Diocese, write the name of the school under School Attending . Pastor must sign below.

I certify that the applicable persons listed above have been regularly attending the Parish School in the grades indicated since the specified enrollment date.

_____
Signature of School Principal

I certify that the applicable persons listed above have been regularly attending the Parish CCD program in the grades indicated since the specified enrollment date.

_____
Signature of Director/Minister of Religious Education

I certify that the applicable home schooled/non-Arlington Diocese school persons listed above are registered members of this team s Parish.

_____
Signature of Pastor

I certify that birth data and other information above is true and correct to the best of my knowledge.

_____
Signature of Coach