P.A.R.A. Team Roster

Parish: _____ **Sport:** _____

Division: _____ **Team:** _____ **Coach:** _____ **Phone:** _____

I, the undersigned Pastor/Athletic Director, submit the following as meeting the requirements established by P.A.R.A.

Name: _____ **Signature:** _____ **Date:** _____
(Please Print)

	Name	Age/ Grade	Address	Phone	Medical/ Consent	Parish/ Transfer	Paid	Jersey Size
1.					☐		☐	
2.					☐		☐	
3.					☐		☐	
4.					☐		☐	
5.					☐		☐	
6.					☐		☐	
7.					☐		☐	
8.					☐		☐	
9.					☐		☐	
10.					☐		☐	
11.					☐		☐	
12.					☐		☐	
13.					☐		☐	
14.					☐		☐	
15.					☐		☐	