PARA 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	PARISH	MEDICAL FORM	TRANSFER FORM	CONSENT FORM	JERSEY
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
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