



Catholic Youth Organization

2718 W. Woodlawn Ave • San Antonio, Texas • 78228

(210) 734-1625



CIRCLE ONE SPORT: VOLLEYBALL • SOCCER • BASKETBALL • SOFTBALL • BASEBALL • TRACK • OTHER: _____

CIRCLE ONE DIVISION: TOT • TINY • PEEWEE • MITE • CUB • JUNIOR

FIRST
YEAR

CIRCLE ONE
SECOND
YEAR

THIRD
YEAR

CIRCLE ONE
MALE FEMALE

PARISH: _____ ZONE: _____ DATE: _____

PLEASE PRINT ALL INFORMATION

TEAM ROSTER

PLEASE PRINT ALL INFORMATION

NOTE: DESIGNATE PREVIOUSLY REGISTERED PLAYERS BY PLACING AN ASTERISK (*) IN THE LEFT MARGIN.

PLAYER'S NAME	ADDRESS	ZIP	TELEPHONE NO.	DATE OF BIRTH
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

ASSISTANT COACH

NAME: _____
ADDRESS: _____
PHONE: _____ ZIP: _____
DATE ACCREDITED: _____
DATE OF B.G.C.: _____

HEAD COACH

NAME: _____
ADDRESS: _____
PHONE: _____ ZIP: _____
DATE ACCREDITED: _____
Date of Background Check: _____

ASSISTANT COACH

NAME: _____
ADDRESS: _____
PHONE: _____ ZIP: _____
DATE ACCREDITED: _____
DATE OF B.G.C.: _____

ASSISTANT COACH

NAME: _____
ADDRESS: _____
PHONE: _____ ZIP: _____
DATE ACCREDITED: _____
DATE OF B.G.C.: _____

Reminder: Background Checks must be submitted for each coach and team minister every 3 years.

TEAM MINISTER

NAME: _____
ADDRESS: _____
PHONE: _____ ZIP: _____
DATE ACCREDITED: _____
DATE OF B.G.C.: _____

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