**2021/2022 PARKVIEW PAROCHIAL LEAGUE 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**

**| | | | | | |**

**| | | | | | |**

**| | | | | | |**

**Did student If NO**

**play basketball Explain**

**for your school on back**

**last year? in detail**

**Player Name Player Street Address CITY/ZIP BIRTH DATE SCHOOL ATTENDING Yes/No**

**| 1 | | | | | | |**

**| 2.| | | | | | |**

**| 3.| | | | | | |**

**| 4.| | | | | | |**

**| 5.| | | | | | |**

**| 6.| | | | | | |**

**| 7.| | | | | | |**

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**|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**