

# Parkview Parochial League Volleyball Team Roster



		Parish / School	Grade	Year	Team Color (If 2 Teams in 1 grade)		
				2025			
<b>Head Coach</b>		<b>Head Coach Address</b>	<b>City</b>	<b>Zip</b>	<b>email</b>	<b>Phone Number</b>	
<b>Assistant Coach</b>		<b>Assist. Coach Address</b>	<b>City</b>	<b>Zip</b>	<b>email</b>	<b>Phone Number</b>	

	Player Name	U#	Street Address	City / Zip Code	Birth Date	Grade	School Attending	For 6-8th grade did they play for you last yr?	If NO Explain on back of sheet in detail.
1								Yes	NO
2								Yes	NO
3								Yes	NO
4								Yes	NO
5								Yes	NO
6								Yes	NO
7								Yes	NO
8								Yes	NO
9								Yes	NO
10								Yes	NO
11								Yes	NO
12								Yes	NO
13								Yes	NO
14								Yes	NO
15								Yes	NO

"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 CYF students are actively involved in the Parish CYF 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 & Procedures for Athletics

Principal or Pastor

Date

DRE / CYF Program Director

Date

EMAIL SIGNED ROSTERS TO: [klewicki3@yahoo.com](mailto:klewicki3@yahoo.com)

[rogerlewicki@hotmail.com](mailto:rogerlewicki@hotmail.com)

DUE August 30, 2025 or before