

Archdiocese of Newark Team Form

Parish/ School _____ City _____

Address _____ Zip Code _____

HEAD COACH _____ Email _____

Cell Number _____ Home Number _____

ASST. COACH _____ Email _____

Cell Number _____ Home Number _____

ASST. COACH _____ Email _____

Cell Number _____ Home Number _____

AD/ Sports Head _____ Email _____

Cell Number _____ Home Number _____

Sport _____ Girls _____ Boys _____

Grade Level: 2nd _____ 3/4th _____ 5/6th _____ 7/8th _____ 9/10th _____ 11/12th _____

I have passed out and collected Permission Waivers for each and every player on my team and will keep the copies with me for all games and practices.

Coach Signature

I have passed out, collected AND REVIEWED with my parents, coaches and players the Code of Conduct for the Archdiocese .

Coach Signature

The following is a date(s) during the sport season that my team ABSOLUTELY CANNOT play

Head Coach Signature

Pastor Signature

Principal Signature