

**Archdiocese of Newark
Team Form 2018-19 Academic Year**

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 Only _____ Boys Only _____

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 OR gotten this consent and information via an ONLINE Parish/ School FORM

Coach Signature

I have distributed via handout or VIA ONLINE information AND REVIEWED with my parents, coaches and players the Code of Conduct for the Archdiocese.

Coach Signature

We have reviewed the Archdiocese of Newark's Office for Youth & Young Adult Ministry's Athletic Handbook and Guidelines and understand by submitting this paperwork and entering this league we intend to abide by all the guidelines and rules.

Athletic Director Signature

Head Coach Signature

Pastor Signature

Principal Signature