

ASSISTANT COACH	Name:	Last Four SSN:	Parish:
	Phone:	Birthday	Yr. Started Coaching:***
	Concussion/SCA Attached: yes/no**	Email:	All Safe Environment:: yes/no
ASSISTANT COACH	Name:	Last Four SSN:	Parish:
	Phone:	Birthday	Yr. Started Coaching:***
	Concussion/SCA Attached: yes/no**	Email:	All Safe Environment: yes/no
ASSISTANT COACH	Name:	Last Four SSN:	Parish:
	Phone:	Birthday	Yr. Started Coaching:***
	Concussion/SCA Attached: yes/no**	Email:	All Safe Environment: yes/no

**The CDC Concussion Training and Sudden Cardiac Arrest (SCA) Training need to be completed only once per academic year. If a coach participated in a previous sport during the current academic year and the certificates were submitted, please indicate the date of each training on the back of this roster.

*****NOTE: It is required that all coaches attend the Diocesan Coaches Clinic within 1 year from the time his/her name first appears on a roster.**

My signature and parish seals affixes to this Roster confirms that:

- 1) *The coaches on the team are parishioners or in some way connected to their parish/school.*
- 2) *The coaches have attended the Protecting God's Children Program and have a certificate on file at the parish.*
- 3) *The coaches have a current Pennsylvania State Police Criminal Record Check (less than 5 years old)*
- 4) *The coaches have a current Pennsylvania Child Abuse History Certificate (less than 5 years old)*
- 5) *The coaches have a current FBI Criminal Background Fingerprint Check (18+ years old) (less than 5 years old)*
- 6) *The coaches have attended or completed the online Mandated Reporting Training (less than 5 years old)*
- 7) *The coaches have read and signed the Diocesan Policy Regarding Alleged Sexual Abuse of Minors, dated 2014 or after*
- 8) *The coaches have read and signed the Diocesan Code of Conduct, dated 2014 or after*
- 9) *The coaches have read and signed the CYO Coaches Code of Conduct.*
- 10) *The coaches have taken the CDC Concussion Training and their certificate is attached here.***
- 11) *The coaches have read the Sudden Cardiac Arrest Information and their signature form is attached here.***
- 12) *The students on the team are active members of the parish and attend the parish religious education program or the Catholic School.*
- 13) *The information relative to the players listed has been verified and found to be correct.*

BOTH SIGNATURES ARE REQUIRED
ON EVERY FORM:

PASTOR:

Date:

**Local Safe Env.
Coordinator**

Date:
