Southside Catholic Conference
Basketball / Volleyball Roster

School: _____

Year: _____ Grade: _____ Division: _____ Sport: _____

Jersey #	Player Name	Player Address	DOB	REP (Y or N)

By signing this roster form you acknowledge that you have read, understand and agree to abide by the rules set forth by the Southside Catholic Conference:

Coach	Name	Email Address	Phone #	Signature
Head				
Asst				
Asst				

Rosters are due before the season starts. Please attach REP forms to roster if applicable. Also note that Any REP student who is listed as a player on a SCC roster, cannot be listed as a player on his or her public school team for that sport during coinciding seasons.

Principal: _____ Sport Coordinator: _____