



CPSAL

CHARTER PUBLIC SCHOOL ATHLETIC LEAGUE

SEASONAL INTERSCHOLASTIC ATHLETICS TEAM ROSTER

A. School _____ Head Coach _____

B. School Year _____ Head Coach # _____ Email _____

C. Sport or Activity _____ Asst. Coach _____

Player Name	Jersey #	Birth Date	Sex M or F	Current Grade	Position	Height	Weight	Bats (Baseball/Softball)	Throws (Baseball/Softball)

Principal's Signature _____ Date _____

Athletic Director's Signature _____ Date _____