

PASO – ADULT PARTICIPANT ROSTER FORM

Region _____ **Date** _____

Coaches must complete this roster form that identifies all **ADULTS** who will accompany your team before team members are allowed to compete. Adult members constitute anyone who is **18 years of age or older**.

School _____ Division _____ Coach _____

| | Name | Email Address | Cell Phone # | Teacher or Volunteer ? | Clearances Checked by Accompanying School? |
|----|------|---------------|--------------|------------------------|--|
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I certify that all the adults listed above are either school personnel from my school or non-school personnel that are involved with the team in a capacity other than as a spectator (chaperone, assistant, etc.), and that all adults listed above have passed the relevant background checks and clearances mandated by the state of Pennsylvania for adults working with minors.

Principal's Signature

Coach's Signature