

Diocese of Columbus  
**Diocesan Recreation Association**  
**OFFICIAL ELIGIBILITY ROSTER**

Amount _____
Check # _____

Parish or School	Activity or Sport	Season
Head Coach	Address	Telephone
City	Zip Code	PGC Date
		BCI Date
		PLC Date

**ALL assistant coaches must be registered. Anyone not registered is NOT ALLOWED IN THE AREA WITH THE TEAM. ALL ASSISTANT COACHES MUST BE LISTED ON THE BACK OF THIS ROSTER to be considered registered.**

The following persons are eligible under the rules of the Diocesan Recreation Association of Columbus, Ohio in the activity or sport listed.

PLEASE PRINT OR TYPE PARTICIPANT'S NAME (Alphabetically, last name first)	DATE OF BIRTH MONTH, DAY, YEAR	NAME OF SCHOOL	NAME OF PARISH	GRADE	JERSEY NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

We hereby certify that the participants listed above meet the eligibility requirements of the Diocesan Recreation Association of Columbus, Ohio, for the activity specified. The total number of participants on this list is \_\_\_\_\_ (Please enter the number of participants).

We hereby certify that the parents of the participants listed above have all turned in a signed parent concussion consent form.

We hereby certify that at least one parent of the participants listed above has participated in Parent Like A Champion

Athletic Director's Signature	Pastor's Signature	Principal's Signature
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**I. Affiliation**

In order to participate in Diocesan play, each parish must be affiliated with the Diocesan Recreation Association office. The year begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup>.

**II. League Fees**

The league fees will be \$50.00 per team plus **\$15.00 per player per sport**. Once eligibility rosters are turned in and accepted by the association, there can be no refunds. Fees that are not paid by the deadline will mean forfeiture of games until the fees are paid. The association will **NOT** accept personal checks from parents or guardians of the players participating in our programs. The **ONLY** forms of payment that are acceptable to the association are: **PARISH CHECKS, PARISH ATHLETIC ASSOCIATION CHECKS, SCHOOL CHECKS, MONEY ORDERS, and CASH**. Checks should be made out to **Diocese of Columbus-DRA**

**III. Grade and Age Eligibility**

League	Maximum Grade	Maximum Age as of August 1st of current school year	Eligible Grades
Varsity	Eighth	Fourteen Years of Age	Eighth, Seventh and Sixth
Jr. Varsity	Seventh	Thirteen Years of Age	Seventh, Sixth and Fifth
Sr. Reserve	Sixth	Twelve Years of Age	Sixth, Fifth, Fourth
Reserve	Fifth	Eleven Years of Age	Fifth and Fourth
Jr. Reserve	Fourth	Eleven Years of Age	Fourth

**IV. Assistant Coach List**

All assistant coaches must be registered. Anyone not registered is **NOT ALLOWED IN THE AREA WITH THE TEAM**. There will be a limited number of coaches allowed on the bench and in the area when the teams are playing a game.

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
PGC Date: \_\_\_\_\_ BCI Date: \_\_\_\_\_ PGC Date: \_\_\_\_\_ BCI Date: \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
PGC Date: \_\_\_\_\_ BCI Date: \_\_\_\_\_ PGC Date: \_\_\_\_\_ BCI Date: \_\_\_\_\_