

CHICAGO PUBLIC SCHOOLS – DEPARTMENT OF SPORTS ADMINISTRATION
Elementary School Sports Program (ESSP)
2012 - 2013

CENTRAL OFFICE SHEET/REGISTRATION ROSTER: (Given to Network Manager)

School Name:		Level (5/6, 7/8, or K-8):	
Sport:		Gender (Boys/Girls/Coed):	
Network:		Season (Fall/Winter/Spring):	

	Student's Name		Emergency Phone	Parent / Guardian	D.O.B	Approved to Participate in Physical Ed. (Y/N?)	Student ID #
	Last	First					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

SIGNATURE OF PRINCIPAL: _____

DATE: _____

SIGNATURE OF AREA MANAGER: *(Official Roster Only)* _____

DATE: _____

PRINT NAME OF COACH: _____

DATE: _____

SIGNATURE OF COACH: _____

DATE: _____