

PSRA Roster 2025

Team/School: _____

Head Coach's Name: _____

The following student-athletes are enrolled as fulltime students at (name of school)

_____.

Student Name	Grade	Birthdate	Gender (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Signed (Principal or Head): _____ Date: _____

Address of School: _____

*Phone No: _____ *Email Address: _____

(For larger rosters please duplicate this document) Must be signed by principal or head of school. *Required