

CYO SPORTS ROSTER

FEES
Grade School - _____ Registration Fee
High School - _____ Registration Fee

SPORT	REGION	AREA
Class/Division	BOYS	GS
Check One:	HS 'B'	HS 'C'
	GIRLS	GS
		HS

Type or print all information in alphabetical order.
Complete all entries as required.

Cash will not be accepted. Include check or M.O. payable to CYO Athletics.
Do not detach copies of the form.

	LAST NAME	FIRST NAME	STREET	CITY	ZIP	PHONE	PARISH	RELIGION	SCHOOL	GRADE	BIRTH DATE
1											
2											
3											
4											
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Coach's Pledge: Signature indicates agreement.
I hereby certify that the following is true to my knowledge and belief:

- a. I am the head coach of the parish / school team named below.
- b. I have thoroughly checked the information on the above players and found it to be in consort with published eligibility rules. If any player is found to be in violation of these rules, the team is subject to the penalty as stated in the CYO Athletic Handbook to forfeit all contests and elimination from the league, area, or Archdiocesan play-offs.
- c. I have read, understand, and agree to adhere to all CYO Sportsmanship guidelines.

_____	_____
Parish Athletic Director	Date
_____	_____
Coach's Signature	Date
_____	_____
Commissioner's Signature	Date

PARISH	PRINCIPAL OR PRIEST MODERATOR'S NAME				PRINCIPAL OR PRIEST MODERATOR SIGNATURE			
COACH'S NAME (Print)	YEAR OF ORIENTATION	NEW	COACH'S DATE OF BIRTH	COACH'S ADDRESS	CITY	ZIP CODE	PHONE	