

CYO ELIGIBILITY REQUEST FORM



TO BE COMPLETED BY ALL ATHLETES THAT ARE NOT A MEMBER OF THE SPONSORING PARISH OR ENROLLED IN THE SCHOOL OF THE SPONSORING PARISH.



MEMBER/PARISH ATHLETE REQUESTS TO PLAY FOR: _____ CITY: _____

CATHOLIC PARISH ATHLETE IS A MEMBER OF: _____ CITY: _____

SPORT ATHLETE REQUESTS TO PLAY: _____ COACH NAME (Print): _____

LEVEL OF CYO PLAY (Circle): GRADESCHOOL HIGHSCHOOL

STUDENT NAME: _____ GENDER (Circle One): BOY GIRL

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ PARENT/GUARDIAN NAME: _____

ARE PARENT/GUARDIAN CATHOLIC (Circle): YES-BOTH NO-BOTH YES-ONE(Which: _____)

SCHOOL ATHLETE ATTENDS: _____ GRADE: _____

DID ATHLETE PARTICIPATE IN THIS CYO SPORT LAST YEAR? (Circle One): YES NO

IF YES, WHAT PARISH/SCHOOL DID THE ATHLETE PLAY FOR: _____

DOES THE ATHLETE'S PARISH/SCHOOL SPONSOR A CYO TEAM IN THIS SPORT THIS SEASON? (Circle One): YES NO

WHAT IS THE CLOSEST PARISH TO THE ATHLETE'S HOME ADDRESS TO SPONSOR A CYO TEAM? _____

WHICH ELIGIBILITY CRITERIA(S) DOES THE ATHLETE MEET FOR PARTICIPATION IN CYO ATHLETICS AT THIS PARISH?

- The athlete regularly attends the sponsoring parish PSR program and lives within the sponsoring parish's boundaries.
- The athlete's parish does not sponsor a team in this sport & the athlete is a member of the above parish or enrolled in the above school, and the sponsoring parish is the closest parish to the athlete's residence to sponsor a team.
- The athlete's parish does not sponsor a team in this sport & the athlete is a member of the above parish or enrolled in the above school, and after contacting the following parishes, this is the closest parish to sponsor a team to the athlete's residence.

Parishes Contacted: _____

Other situation to be considered by the CYO Athletic Staff (Describe the request in detail): _____

We the undersigned, do hereby acknowledge the above information to be true to the best of our knowledge, And that we understand that the Athlete is not eligible to participate in any contest, competition or scrimmage until approval is received from the CYO Office. False information contained on this form will nullify this application at any time.

DO NOT WRITE HERE
Circle: Accepted
 Rejected
Date Letter Sent: _____
CYO Staff Initial: _____

ATHLETE'S SIGNATURE: _____ DATE: _____

PARENTS/GUARDIAN SIGNATURE: _____ DATE: _____

COACH SIGNATURE: _____ DATE: _____

SPONSORING PARISH INFORMATION (Parish where the Athlete REQUESTS to participate) – See Reverse for Eligibility Rules

PASTOR (Print Name): _____ SIGNATURE: _____ DATE: _____

PASTORAL DESIGNEE (Print Name): _____ SIGNATURE: _____ DATE: _____

ADJOINING PARISH INFORMATION (Parish where the Athlete BELONGS/is coming from)

PASTOR (Print Name): _____ SIGNATURE: _____ DATE: _____

PASTORAL DESIGNEE (Print Name): _____ SIGNATURE: _____ DATE: _____

ALL SIGNATURES (IN INK) ARE NECESSARY TO BECOME VALID

I: Specreq2005A-Final Revised 5/26/05