

FEES

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

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

CYO SPORTS ROSTER

SPORT		REGION 25		AREA
Class/Division	BOYS	GS	HS' B'	HS' C'
Check One:	GIRLS	GS	HS	

	LAST NAME	FIRST NAME	STREET	CITY	ZIP	PHONE	PARISH	RELIGION	SCHOOL	GRADE	BIRTH DATE
1.											
2.											
3.											
4.											
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18.											
19.											
20.											

Coach's Pledge: Signature indicates agreement.
 I hereby certify 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 league, area, or Archdiocesan play-offs.
 c) I have read, understand, and agree to adhere to all CYO Sportsmanship guidelines.

Parish Athletic Director's Signature _____ Date _____

Coach's Signature _____ Date _____

Commissioner's Signature _____ Date _____

PARISH		PRINCIPAL OR PRIEST MODERATOR'S NAME (Print)				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			