CYO Sports Roster

Fees

Grade School _____ Registration Fee.

High School _____ Registration Fee.

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.
Distribution: Original to CYO Office/Copies to Commissioner, Region, Coach

Sport	A league	B league	Region	Area (Track)
			League (Football)	
Boys	GS Varsity	GS J.V.	HS Varsity	HS J.V.
Girls	GS Varsity	GS J.V.	HS Varsity	HS J.V.

	Last Name	First Name	Street	City	Zip	Phone	Parish	Religion	School	Grade	Birth Date
1											
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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 as stated in the CYO Athletic Handbook. If any player is found in violation of these rules, the team is subject to forfeiture of all contests and elimination from league, region, area, and/or Archdiocesan playoffs/competitions.

c. I am aware that all CYO coaches (head & assistants) are required to attend the CYO Coaches' Orientation before their 2nd year of coaching a sport.

d. I have read, understand, and agree to adhere to all CYO Sportsmanship Guidelines.

Pastor's Acknowledgement:

I have verified all of the information in the Coach's pledge and that all of our Coaches and Athletes are eligible to participate in CYO Athletic Ministry.

I have verified that all coaches background checks and safe environment training has been completed.

Parish Athletic Director **Date**

Coach's Signature **Date**

Commissioner's Signature **Date**

Parish/School		Pastor, Principal or Priest Moderator's Name (print)		Pastor, Principal or Priest Moderator's Signature and Date			
Head Coach's Name (print)	**Orientation Date Attended**	**Coach's Date of Birth**	**Coach's Address**	**City**	**Zip**	**Phone**	**E-Mail**