



CYO ATHLETIC ELIGIBILITY ROSTER



PARISH: _____ SPORT: _____ (CIRCLE ONE) GIRLS - BOYS
 HEAD COACH: _____ DIVISION (CIRCLE ONE) VARSITY - J.V. - CADET - DEVELOPMENTAL - ELEMENTAL
 ADDRESS: _____ CITY: _____ Zip: _____
 (H) PHONE: () _____ (W) PHONE: () _____ FAX: () _____ E-MAIL _____

Type or Print Clearly NAME	PHY. EXAM DATE	UNIFORM NUMBER	ADDRESS (STREET, CITY, ZIP)	Include Area Code PHONE NUMBER	BIRTH- DATE	GRADE IN SEPT.	WT. FOR FB & WR ONLY	ATHLETE'S PARISH / SCHOOL
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

I attest that the information for each student listed on the team roster has been checked for accuracy and each athlete meets the CYO Eligibility Rules. I have submitted to the CYO Office copies of the Eligibility Request Form for each athlete that qualifies to participate under the PSR or Adjoining Parish rules of CYO. I have read the CYO Rules, Charter Bylaws, and eligibility for this sport and hereby indicate by my signature that the above are eligible to play on our CYO Team.

Signed: _____ Print Name _____ Date _____
 Pastoral Designee
 Signed: _____ Print Name _____ Date _____
 Pastor

I attest that the CYO Preparticipation Examination Forms for each athlete has been checked for accuracy of information, completeness and valid signatures. I have read the instructions for review of the Preparticipation Form and hereby indicate by my signature that these students listed above are in compliance with the CYO Rules.

Signed: _____ Print Name _____ Date _____
 Appointed Checker

AFFIX PARISH
SEAL

FOR OFFICE USE

INSTRUCTIONS FOR APPOINTED CHECKER AND ELIGIBILITY

1. After you have checked each participant's Preparticipation Examination Form for accuracy of information and valid signatures, sign, and complete the requested information. The Attestation is part of the Eligibility Document, located at the bottom of the Eligibility Roster.
2. When ALL of the participants on the Eligibility List are in compliance, mail or bring your roster to the CYO Athletic Office by the Roster Due Date of the Sport. Do Not send partial CYO Athletic Eligibility Lists. Wait until all participants are in compliance. However, if the Eligibility List is not in compliance and in the CYO Athletic office one (1) day prior to the opening contest, a forfeit will be recorded and continue to be recorded until the parish team is in compliance.
3. If you need to add players, you must complete a revised roster containing the names of the participants and send it to the CYO Athletic office. We will no longer accept phone-in added players. We will accept Faxed copies. On the Amended Roster write the word "REVISED" and the DATE.

CYO ASSISTANT COACHES

FIRST NAME	LAST NAME	Years Coaching CYO Sports
Have you attended a CYO Coaches Orientation Session YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date Certified:
ADDRESS	CITY	ZIP
HOME PHONE ()	WORK PHONE ()	E-MAIL

FIRST NAME	LAST NAME	Years Coaching CYO Sports
Have you attended a CYO Coaches Orientation Session YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date Certified:
ADDRESS	CITY	ZIP
HOME PHONE ()	WORK PHONE ()	E-MAIL

FIRST NAME	LAST NAME	Years Coaching CYO Sports
Have you attended a CYO Coaches Orientation Session YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date Certified:
ADDRESS	CITY	ZIP
HOME PHONE ()	WORK PHONE ()	E-MAIL

FIRST NAME	LAST NAME	Years Coaching CYO Sports
Have you attended a CYO Coaches Orientation Session YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date Certified:
ADDRESS	CITY	ZIP
HOME PHONE ()	WORK PHONE ()	E-MAIL

FIRST NAME	LAST NAME	Years Coaching CYO Sports
Have you attended a CYO Coaches Orientation Session YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date Certified:
ADDRESS	CITY	ZIP
HOME PHONE ()	WORK PHONE ()	E-MAIL

FIRST NAME	LAST NAME	Years Coaching CYO Sports
Have you attended a CYO Coaches Orientation Session YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, Date Certified:
ADDRESS	CITY	ZIP
HOME PHONE ()	WORK PHONE ()	E-MAIL

