CYO ATHLETICS TEAM REGISTRATION FORM

The following players are eligible (based on CYO Athletic Department Rules & Regulations) to represent _____ in the CYO Athletic League

Year: _____ Sport: _____ Grade: ___ 8 BOYS ___ 8 GIRLS Level: ___ #1 ___ #2
___ 6 BOYS ___ 6 GIRLS ___ #3 ___ #4

PLEASE NEATLY PRINT

PLAYERS NAME PARENT(S)/GUARDIAN(S)	ADDRESS	CITY	ZIP	PHONE	GRADE	DATE OF BIRTH	PARISH BAPTISM OR RCIA	SCHOOL	PHY. EXAM

Continue listing players on reverse side.

Please sign to indicate that you have verified the eligibility of each participant listed on this form.

Please return to: CYO Athletics
305 Michigan Avenue
Detroit, MI 48226

Pastor: _____
Athletic Director: _____
Coach: _____

PLAYERS NAME PARENT(S)/GUARDIAN(S)	ADDRESS	CITY	ZIP	PHONE	GRADE	DATE OF BIRTH	PARISH BAPTISM OR RCIA	SCHOOL	PHY. EXAM

Parish Name: _____