



CYO ATHLETIC ELIGIBILITY APPLICATION
(please complete 15 days before roster deadline)

Athletics

Name of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_
School \_\_\_\_\_ Church or Religious Affiliation \_\_\_\_\_
Sport/s Applying For \_\_\_\_\_ What Team Do You Wish to Play For \_\_\_\_\_

Please list the last three sports that you have participated in:

Sport \_\_\_\_\_ League \_\_\_\_\_
Coach \_\_\_\_\_ Coach's Phone # \_\_\_\_\_
Seasons of Experience \_\_\_\_\_

Sport \_\_\_\_\_ League \_\_\_\_\_
Coach \_\_\_\_\_ Coach's Phone # \_\_\_\_\_
Seasons of Experience \_\_\_\_\_

Sport \_\_\_\_\_ League \_\_\_\_\_
Coach \_\_\_\_\_ Coach's Phone # \_\_\_\_\_
Seasons of Experience \_\_\_\_\_

CYO MISSION STATEMENT

CYO and Community Services is a partnership of youths, adults and parishes, rooted in Catholic Values, committed to fostering a culture of community service, and dedicated to serving the young, the disabled, the elderly and the poor.

ATHLETIC PHILOSOPHY

Participation is the name of the game. While we strive for healthy and spirited competition, our primary emphasis is on participation and development of values that support our mission. Acknowledgement of sportsmanship is our highest award.

We respect the officials, administrators, coaches, players and spectators. Disrespectful displays of emotion, inappropriate language or behavior is not expected or tolerated.

As part of the Catholic Community, all athletes and coaches actively participate in pre and post game prayers. We honor God by our words and actions and we use the name of God prayerfully and respectfully.

PARTICIPATION

This application is a request for eligibility and participation in CYO athletic activity for the sport/s requested. Assignment to a team shall be by the CYO Director of Athletics. This assignment shall be in the discretion of the Director of Athletics who shall apply the rules of the organization as well as the CYO mission, values and philosophy in determining same.

ACKNOWLEDGEMENT

By signing below, I submit that all information is accurate, and that I have read and understand the Mission, Philosophy and Participation philosophy statements and that I will support them throughout the season.

Athlete \_\_\_\_\_ Date \_\_\_\_\_
Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Pending Team Approval \_\_\_\_\_
To Be Completed By CYO Athletics

Approved to play with \_\_\_\_\_ Team Approved to play what sport/s \_\_\_\_\_

CYO Director of Athletics Signature \_\_\_\_\_ Date \_\_\_\_\_