

**APPLICATION FOR PARTICIPATION
ATTENDING PUBLIC SCHOOL**

Instructions: This form and the CYO parental consent must be used for each applicant. Make sure each form is complete.

SPORT _____

PARISH MAKING APPLICATION _____

DOES THE STUDENT LIVE IN YOUR PARISH: NO _____ YES _____
IF THE ANSWER IS NO, WHAT IS THE REASON FOR WANTING TO PLAY WITH THIS PARISH?

HAS THE STUDENT COMPETED WITH THE SCHOOL BEFORE ___ YES ___ NO

IF YES WHAT SPORT AND WHEN _____

**PLEASE TYPE OR PRINT LEGIBLY
TO BE FILLED OUT BY PARENT**

STUDENT'S NAME _____ **SEX** _____ **GRADE** _____

STUDENT'S ADDRESS _____ **PHONE** _____

CITY _____ **ZIP** _____ **DATE OF BIRTH** _____

SCHOOL STUDENT ATTENDS _____

**BY SIGNING THIS FORM THE STUDENT AND PARENT AGREES TO ABIDE BY
THE RULES AND CONDUCT CODE OF CYO.**

PARENT SIGNATURE _____ **DATE** _____

PRINCIPAL SIGNATURE _____ **DATE** _____

TO BE FILLED OUT BY STUDENT'S SCHOOL

Is there any reason why this student should not be allowed to play on a CYO team?
No _____ **Yes** _____

COMMENTS _____

ATHLETIC SIGNATURE _____ **DATE** _____

PARISH SIGNATURES

ATHLETIC DIRECTOR _____ **PASTOR** _____