CYO INTERSCHOLASTIC PARTICIPATION FORM

THIS FORM IS TO BE COMPLETED BY ALL ATHLETES THAT HAVE PARTICIPATED ON AN INTERSCHOLASTIC HIGH SCHOOL VOLLEYBALL TEAM DURING THE PREVIOUS OHSAA HIGH SCHOOL SEASON AND SUBMITTED TO THE CYO OFFICE BY THE ELIGIBILITY ROSTER DEADLINE.

MEMBER/PARISH ATHLETE TO PLAY FOR: __________________________________ CITY: __________

SPORT ATHLETE TO PLAY: **CYO HIGH SCHOOL GIRLS VOLLEYBALL**

CYO COACH NAME (Print): ____________________________________________

STUDENT NAME: __________________________________________ GENDER: GIRL

ADDRESS: __________________________________________________________________________

CITY: __________________________________________ ZIP CODE: __________

HOME PHONE: ______________________ PARENT/GUARDIAN NAME: ________________________

OHSAA SCHOOL ATHLETE PARTICIPATED FOR: __________________________ GRADE: ______

We the undersigned, do hereby acknowledge the above information to be true. And that any false information contained on this form will nullify this application at any time and could impact the athlete’s interscholastic high school volleyball eligibility.

ATHLETE’S SIGNATURE: __________________________ DATE: ______

PARENTS/GUARDIAN SIGNATURE: __________________________ DATE: ______

CYO COACH SIGNATURE: __________________________ DATE: ______

CYO OFFICE USE

Date Received in the CYO Office: ______________________ CYO Staff Initial: ______