

CATHOLIC YOUTH ORGANIZATION

ATHLETIC DEPARTMENT



ATHLETIC REFERRAL FORM

This referral process is intended for additional participation opportunities at bordering/adjoining programs in need of players after participants have attended a bona fide try-out session(s) at his/her parish. Participants may, if not selected, with the approval of both parish Athletic Directors and the CYO Athletic Program Director, be immediately eligible to participate on a specified bordering/adjoining parish team (per CYO office).

Home Parish: _____

I hereby certify that the below named player is a member in good standing of the above named Parish or School. Below named player was not selected for this season's team and is released to participate at an adjoining parish sponsoring sport identified below.

Athletic Director's Signature: _____ Date: _____

Athlete: _____

Released for the following season of competition: _____ Fall _____ Winter _____ Spring

Sport: Baseball Basketball Bowling Cheerleading Cross Country Football
 Lacrosse Soccer Softball Track Volleyball

ATHLETE REPORT

1. Try-Out Sessions/Days Offered _____
2. Try-Out Sessions/Days Attended _____
3. Observes Rules; Cooperation _____

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I hereby accept the above names player to participate on _____ Parish or school athletic team for the above named sport and session.

Bordering/Adjoining Parish: _____

Athletic Director's Signature: _____ Date: _____