



Archdiocese of Newark CYO Athletics Parish/ School Release Form

Permission is granted for:

Name of child: _____ Age: _____

Address: _____ Grade: _____

City: _____ State: _____ Zip: _____

To participate in the following CYO Sport for this Season _____

Level of Participation:

Grade 2 Grade 3&4 Grade 5&6 Grade 7&8 High School

Because:

- Our parish/school does not field a CYO Team in this Sport
- Our parish/school does not field a team in this grade classification

Signature of Release from Parish/School the child is registered in:

Pastor, Principal, or DRE Signature

Date: _____

Athletic Director (if position exists)

Parish: _____

City: _____

Signature of the Parish/School that the child is going to play for

Pastor, Principal, or DRE

Date: _____

Athletic Director

Parish: _____

City: _____

PLEASE NOTE: Acceptance of the above-named child is granted for the above sport only for the current year.

This Form MUST BE attached to your Roster when submitted