

Archdiocese of Newark CYO Athletics Team Form Year _____ - _____

Parish/School: _____ City: _____

Address: _____ Zip Code: _____

Sport: _____ Girls Only: _____ Boys Only: _____

Grade Level: 2nd _____ 3/4th _____ 5/6th _____ 7/8th _____ 9/10th _____ 11/12th _____

HEAD COACH: _____ Email: _____

Cell Number: _____

ASST. COACH 1 NAME: _____

ASST. COACH 2 NAME: _____

ASST. COACH 3 NAME: _____

AD/ Sports Head: _____ Email: _____

Cell Number: _____

I have passed out and collected Permission Waivers for each and every player on this team and the coach will keep the copies for all games and practices OR gotten this consent and information via an ONLINE Parish/ School FORM

AD/ Sports Head Signature

I have distributed via handout or VIA ONLINE information AND REVIEWED with my parents, coaches and players the Coaches Covenant and the Code of Conduct for the Archdiocese.

AD/ Sports Head Signature

BEFORE THIS DOCUMENT IS SIGNED

THE ROSTER MUST BE INCLUDED FOR REVIEW BY THE PASTOR, PRINCIPAL AND DRE/PCL

We have reviewed the Archdiocese of Newark's Office for Youth & Young Adult Ministry's Athletic Handbook and Guidelines and understand by submitting this paperwork we will abide by all the guidelines and rules. Furthermore, we verify/certify that the players on this team meet CYO eligibility requirements. I understand the use of an ineligible player, knowingly or unknowingly will result in the forfeiture of all games in which said player participated in. We also understand that at any point during the season we might be asked to prove the age of player via a copy of a birth certificate and or other means and their eligibility.

Athletic Director Signature

Head Coach Signature

Pastor Signature (Parish Team Only)

DRE/ PCL Signature (Parish Team Only)

Principal Signature (School or poss Parish Team)