



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

I certify that this child is registered in our school and/or in our faith formation classes (CCD) and is active in their attendance:

Parish/School: _____ City: _____

Date: _____

Pastor, Principal, or DRE Signature

Athletic Director (if position exists)

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

Parish/School: _____ City: _____

Date: _____

Pastor, Principal, or DRE

Athletic Director

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.