

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

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

_____ Date: _____
Pastor, Principal, or DRE Signature

Athletic Director (if position exists)

Parish: _____ City: _____

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

_____ Date: _____
Pastor, Principal, or DRE

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