CATHOLIC YOUTH ORGANIZATION

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DROP/REPLACEMENT FORM

Please Print Clearly

SPORT

☐ **Volleyball** ☐ **Soccer** ☐ **Flag Football** ☐ **Basketball** ☐ **Track** ☐ **Softball** ☐ **Baseball**

DIVISION **AGE GROUP**

☐ **Tot** ☐ **Tiny** ☐ **PeeWee** ☐ **Mite** ☐ **Cub** ☐ **1st Year** ☐ **2nd Year**

☐ **Boys** ☐ **Girls** ☐ **Co-ed**

TEAM INFORMATION

Parish/ School: _____ Team Name: _____

Coach: _____ Date: _____

ADD THE FOLLOWING REPLACEMENT PLAYERS *Parish & School # must correspond with the #'s on the Parish/School letter

1. Name: _____ D.O.B: _____

Address: _____ Phone #: _____

Street *City* *Zip*

2. Name: _____ D.O.B: _____

Address: _____ Phone #: _____

Street *City* *Zip*

DROP THE FOLLOWING PLAYERS **If parent signature can't be obtained, please have Priest/Principal sign:

1. Name: _____ Reason: _____

Parent: _____ _____

Printed Name *Signature*

Priest/Principal Signature**: _____

2. Name: _____ Reason: _____

Parent: _____ _____

Printed Name *Signature*

Priest/Principal Signature**: _____

Please note: Incomplete/incorrect forms will be considered invalid, which will result in an illegal player.
Registrar's and President's Signatures are only needed when dropping players.

_____ _____

Parish/School Registrar Signature/Date Parish/School President Signature/Date