CATHOLIC YOUTH ORGANIZATION

2718 W. Woodlawn, San Antonio, TX 78228

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Phone: (210) 734-2620 Fax: (210) 734-1985

EXCEPTION 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: _____

PROPOSED EXCEPTION TO POLICY AND PROCEDURE MANUAL:

All request to play a participant in a younger age group must be made by using this form. Request must be accompanied by a doctor's note that gives a medical reason why it is beneficial for the participant to play in a younger age group. Participant is not to be registered into the requested age group until this form is approved, signed and returned to the requesting program by the CYO Director. Maximum number of participants that can "play down" on the same team will be two (no exceptions).

☐ **APPROVED** ☐ **DENIED**

Comments:

CYO Athletic Director Signature
(Jason Alvarez)

Date