



Youth and Young Adult Ministry and CYO Office

7911 Detroit Avenue Cleveland, OH 44102
P 216.334.1261, F 216.334.1270
795 Russell Avenue, Akron, OH 44307
P 330.379.3636, F 330.535.9040
www.dioceseofclevelandcyo.org

CYO INTERSCHOLASTIC PARTICIPATION FORM

THIS FORM IS TO BE COMPLETED BY ALL ATHLETES THAT HAVE PARTICIPATED ON AN INTERSCHOLASTIC HIGH SCHOOL VOLLEYBALL TEAM DURING THE PREVIOUS OHSAA HIGH SCHOOL SEASON AND SUBMITTED TO THE CYO OFFICE BY THE ELIGIBILITY ROSTER DEADLINE.

MEMBER/PARISH ATHLETE TO PLAY FOR: _____ CITY: _____

SPORT ATHLETE TO PLAY: **CYO HIGH SCHOOL GIRLS VOLLEYBALL**

CYO COACH NAME (Print): _____

STUDENT NAME: _____ GENDER: GIRL

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ PARENT/GUARDIAN NAME: _____

OHSAA SCHOOL ATHLETE PARTICIPATED FOR: _____ GRADE: _____

We the undersigned, do hereby acknowledge the above information to be true. And that any false information contained on this form will nullify this application at any time and could impact the athlete's interscholastic high school volleyball eligibility.

ATHLETE'S SIGNATURE: _____

DATE: _____

PARENTS/GUARDIAN SIGNATURE: _____

DATE: _____

CYO COACH SIGNATURE: _____

DATE: _____

CYO OFFICE USE

Date Received in the CYO Office: _____ CYO Staff Initial: _____