



CATHOLIC YOUTH ORGANIZATION

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PARENTAL CONSENT TO PLAY UP

Please Print Clearly

SPORT

Volleyball Soccer Flag Football Basketball Track Softball Baseball

DIVISION

YEAR

Tot Tiny PeeWee Mite Cub 1st Year 2nd Year
 Boys Girls Co-ed

TEAM INFORMATION

Parish/
School: _____
Coach: _____

Team Name: _____
Date: _____

PLAYER INFORMATION

Name: _____ D.O.B: _____
Address: _____ Phone #: _____
Street City Zip

Reason for request to play up: _____

PARENT ACKNOWLEDGEMENT

Younger players may play up two years with WRITTEN PARENTAL CONSENT. Each coach and player should be absolutely sure the player is ready both physically and emotionally to play with other players as much as two years his/her senior.

I, the parent/guardian of the above stated player, understand that this request may be granted or denied and will accept and abide by the decision. Consent to play above a player's age division shall expire at the end of each sport year and must be resubmitted for consideration each new sport year.

Parent/Guardian Signature

Date

Head Coach Signature

Date

Registrar Signature

Date