

# C.Y.O. SOCCER WAIVER APPLICATION

The Parish requesting the waiver is required to provide the following information:

## COMPETITOR INFORMATION

Name \_\_\_\_\_ Division \_\_\_\_\_  
Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
School \_\_\_\_\_ Residing Parish \_\_\_\_\_  
Previous CYO Player? \_\_\_\_\_ Where & When \_\_\_\_\_

PLAYER'S SIGNATURE \_\_\_\_\_

## RELEASING PARISH INFORMATION

Parish Name \_\_\_\_\_ Team in Division? YES \_\_\_\_ NO \_\_\_\_  
Moderator/Pastor SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
P.A.R.'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Coach's SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## REQUESTING PARISH INFORMATION

Parish Name \_\_\_\_\_ Division \_\_\_\_\_  
Moderator/Pastor SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
P.A.R.'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Coach's SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

All signatures and dates must be completed or an explanation why it is not signed must be attached. Please attach a copy of your roster to this waiver form. All questions must be answered, leave no blanks.

Accepted by CYO YES \_\_\_\_ NO \_\_\_\_

Chairperson's signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_