



WRESTLING

NON-CYO PARTICIPATION FORM



PARISH: _____

HEAD COACH: _____ PASTORAL DESIGNEE: _____

(H) PHONE: (____) _____ (W) PHONE: (____) _____ FAX: (____) _____

E-MAIL _____

Type or Print Clearly	ATHLETE NAME	GRADE	NON-CYO WRESTLING CLUB
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

I attest that the information for each athlete listed above is accurate and each athlete meets the CYO rules for participation on a non-CYO club. I have read the CYO Rules, Charter Bylaws, and eligibility for this sport and hereby indicate by my signature that the above are in compliance with the participation rules.

Signed: _____ Print Name _____ Date _____

Head Coach

Signed: _____ Print Name _____ Date _____

Pastoral Designee