CYO ATHLETCS PLAYOFF ROSTER ELIGIBILITY VERIFICATION FORM

** By signing this form I verify ALL athletes listed below:

1) **Meet the minimum regular season game requirement of having played 4 of 8 or 3 of 7 games.**
2) **Each is currently listed on the official roster submitted to CYO Athletics by the roster deadline.**
3) **Each has played for only ONE team during the entire season of CYO Athletics.**

** I verify ALL coaches listed below have met the Safe Environment (background check, training, signed policies) and Play Like A Champion Today® requirements.

** I understand playing this game with athletes who do NOT meet the above requirements will result in a forfeiture of ALL playoff games participated in.

PARISH/SCHOOL

Please list players in numerical order and write legibly; a new form MUST be turned in for each playoff game. Thank you!

JERSEY NUMBER	LAST NAME	FIRST NAME

_____ _____ _____

Coach Signature Coach Name (Printed) Date

_____ _____

Assistant Coaches Name(s) Assistant Coaches Name(s)