Sea	Num.	
ocq.	11um.	

CYO of Long Island ELIGIBILITY WAIVER REQUEST

CYO of Long Island requires <u>all participants play in the parish which they reside.</u> Waivers are required for any participants that are requesting to play in a parish program other than the one in which they reside.

It is the responsibility of the Requesting Parish Coordinator to initiate and submit the waiver.

Sport: L	_evel: 3rd	4th 5th 6	th 7th 8th 9	-10th 11-12th	
Name:	Acader	nic Grade:	D.C).B	
Address:	Town:_				
Resident Parish	Town:_				
Requested Parish	Town:_	Town:			
Please answer the questions below:					
Were tryouts held for this program?	Yes	No_			
Were any parishioners or participants who reside in this parish cut from this team?		Yes	No	_	
Has the participant previously played for another prog	gram?	Yes	No	_	
If yes, where					
Has the participant previously been granted a waiver	request?	Yes	No	_	
If yes, when					
Reason for Waiver Request: (FILL OUT BELOW OR ATT	ACH A SEPA	RATE SHE	ET WITH EXP	LANATION)	
·					
Requesting Parish Coordinator's Name (print):					
Coordinator's Signature:					
Parent's Signature		Date			
NOTE WANTED DECUESTS WILL NOT BE DEVI					_

NOTE: WAIVER REQUESTS WILL NOT BE REVIEWED UNLESS FORM IS COMPLETELY FILLED OUT

CYO of Long Island 20 E. Cherry Street, Hicksville, NY 11801 (516) 433-1145 Fax: (516) 433-1238