

Assistant Coaches Name(s)

## 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 in half of the teams scheduled games (rounded down i.e. 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 unless otherwise approved by CYO Athletics to change teams (i.e. JV player joining Varsity team for playoffs)
- \*\* 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.

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

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