

**CYC – Sports Archdiocese of St. Louis
DISTRICT to DISTRICT PLAYER REASSIGNMENT FORM**

SPORT _____ YEAR OF SEASON _____ GRADE _____

PLAYER'S NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

BIRTHDATE _____ PHONE NUMBER _____

“Open” _____ or “Closed “ _____ player. (If the athlete will participate in another program playing the same sport at the same time as the CYC season, check OPEN. If not, check CLOSED.)

If Open, what is the name of the coach for the athlete's other team? _____

PARISH OF REGISTRATION _____

SCHOOL ATTENDING _____

PARISH OF RESIDENCE _____

REQUEST to play for _____ IN _____ DISTRICT
for this sport season because _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELEASING LAY DIRECTOR'S SIGNATURE _____ DATE _____

RELEASING DISTRICT or SPORT CHAIRPERSON SIGNATURE _____ DATE _____

RECEIVING DISTRICT or SPORT CHAIRPERSON SIGNATURE _____ DATE _____

RECEIVING LAY DIRECTOR'S SIGNATURE _____ DATE _____

APPROVED [] DENIED [] because _____

_____ BY _____ TITLE _____

APPROVAL INSTRUCTIONS

1. One copy should be returned to Lay Director of the parish receiving the player with signatures as approved or denied.
2. Attach a copy of this form to your district-receipted roster.
3. The District Sports Chairperson/CYC Office will keep the copy on file.
4. Inter-District reassignments require approval of both District Chairpersons.