

CYO ONLINE ROSTER ATHLETE DATA FORM

The data below is needed for the on-line roster. Please collect this information from each participant.

ATHLETE FIRST NAME	ATHLETE LAST NAME
GUARDIAN ADDRESS	GUARDIAN CITY
GUARDIAN STATE	GUARDIAN ZIP CODE
GUARDIAN HOME PHONE	GUARDIAN WORK PHONE
WORK EXTENSION	GUARDIAN MOBILE PHONE
GUARDIAN EMAIL	ATHLETE BIRTHDATE
GENDER	COUNTY OF RESIDENCE <input type="checkbox"/> Cuyahoga <input type="checkbox"/> Lorain <input type="checkbox"/> Wayne <input type="checkbox"/> Geauga <input type="checkbox"/> Medina <input type="checkbox"/> Other <input type="checkbox"/> Lake <input type="checkbox"/> Summit
ATHLETE GRADE	RELIGION <input type="checkbox"/> Catholic <input type="checkbox"/> Other
RACE <input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> American Indian/Eskimo/Aleutian <input type="checkbox"/> Other	ATHLETE ELIGIBILITY (Please check) <input type="checkbox"/> Member of Parish Sponsoring Team <input type="checkbox"/> Enrolled in School Sponsoring Team <input type="checkbox"/> Eligibility Request Form (ERF) Submission
ATHLETE PHYSICAL EXAM DATE	ATHLETE SCHOOL
ATHLETE PARISH	GUARDIANS NAME