

SOUTH COUNTY CYC REASSIGNMENT FORM

Baseball () Basketball () Soccer () Softball () Volleyball ()

Player's name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Home Parish: _____ Division: _____

School attending: _____ Grade: _____

Status of player: Open () Closed () Does player have an ID Card: Yes () No ()

For Open players: Other team name: _____ Coach's name: _____

Open players may not be allowed to cross District Boundaries.

The _____ Athletic Association submits the above named individual for reassignment to a different Association.

Parent/Guardian Approval: _____ Date: _____

Parish Lay Director Approval: _____ Date: _____

Approved () Denied ()

Parish assigned to: _____

District Sport Chair: _____ Date: _____

NOTE: APPROVAL IS FOR THE CURRENT SPORT SEASON ONLY

Instructions:

- Submit an original request and two (2) copies.
- One copy goes to the receiving team, one copy goes to the Archdiocesan Office, and the Original is to be kept on file by the District Sport Chair.

If this is a request to a different District, both District Chairs must approve this reassignment:

Requesting District Chair: _____ Date: _____

Receiving District Chair: _____ Date: _____