



20 East Cherry St., Hicksville, NY 11801  
 (516) 433-1145 – Fax: 516-433-1238 [www.cyosn.org](http://www.cyosn.org)

## **SUMMER PROGRAMS TEAM REGISTRATION/GYM AVAILABILITY FORM**

Parish Name: \_\_\_\_\_ Town \_\_\_\_\_ Code: \_\_\_\_\_

Circle Grade Level (as of September 2018):

Boys Basketball	Girls Basketball	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup> / 10	11 <sup>th</sup> / 12 <sup>th</sup>
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Girls Volleyball	5 <sup>th</sup> / 6 <sup>th</sup>	7 <sup>th</sup> / 8 <sup>th</sup>	High School	Adult Coed Volleyball
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Coach's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Coach's email: \_\_\_\_\_

Asst. Coach: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Asst. Coach's email: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_  
 (CYO to verify Parish approval of summer teams)

Gym information (circle one) NO GYM GYM NAME: \_\_\_\_\_

Can you host games: YES NO LOCATION: \_\_\_\_\_

**Please provide your gym availability below:**

Day/Date	Game Times	Day/Date	Game times	Day/Date	Game Times

*For Office Use Only:*

Team Number: \_\_\_\_\_ League number \_\_\_\_\_ Site Code \_\_\_\_\_

DAY: \_\_\_\_\_ Time: \_\_\_\_\_

# CYO OF LONG ISLAND TEAM ROSTER FORM

20 East Cherry Street, Hicksville, NY 11801

Telephone: (516) 433-1145

Fax: (516) 433-1238 or 1259

**1. PLEASE INCLUDE ALL INFORMATION FOR PLAYERS AND COACH.**

**2. Verify that the players' home addresses reside within the geographic boundaries of the parish. P.O. Boxes Not Accepted. Contact CYO when in doubt.**

**3. Additions or deletions to this roster can be made by sending a copy of this roster to the CYO office until the published deadline.**

Parish Name \_\_\_\_\_ Sport \_\_\_\_\_ Grade \_\_\_\_\_

	Last Name	First Name	Address	Town	Zip	DOB	Grade	School	Varsity Player (Yes/No)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

**No player may compete in a CYO Contest, unless they are on an APPROVED roster in the CYO Office.**

*Coordinator and coach must sign this roster*

Coach's Name \_\_\_\_\_ Phone Contact \_\_\_\_\_ Email \_\_\_\_\_

Asst. Coach's Name \_\_\_\_\_ Phone Contact \_\_\_\_\_ Email \_\_\_\_\_

Coordinator's Name \_\_\_\_\_ Signature \_\_\_\_\_ Email \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the above information is correct and that the players listed above MEET THE CYO ELIGIBILITY REQUIREMENTS TO PARTICIPATE ON THIS PARISH TEAM.