

**CYC – Sports  
Archdiocese of St. Louis  
GRADE 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 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/WORSHIP \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

PARISH OF RESIDENCE \_\_\_\_\_

We hereby request the above named individual be reassigned to another parish to play within his/her division because \_\_\_\_\_ Parish is unable to field a team, team is full or there is not a need for the player in the \_\_\_\_\_ Division.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

LAY DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED [ ]

DENIED [ ]

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

The above named player has been reassigned to play for \_\_\_\_\_ Parish.

Please attach a copy of this form to your district-receipted roster.

**APPROVAL INSTRUCTIONS**

1. Submit copies as required by District.
2. One copy should be returned to Lay Director of the parish receiving player with signature as approved or denied.
3. The District Sports Chairperson/CYC Office will keep the copy on file.

Date \_\_\_\_\_ District Sport Chairperson \_\_\_\_\_