

CYO/CAMP HOWARD
 Rules Compliance Committee
 50% Eligibility Exception

Requesting CYO Club/Organization/School Name: _____

For what sport are you requesting this exception? (You may choose only one.)

Volleyball ___ Swim ___ Basketball ___

In what grade level/division is the child participating? _____

Name of Participant:	Age:	Grade:	Gender:
Date of Birth:	Parent Names:		
Email:			

1) Has youth applied for this exception in the past years? Yes or No? _____

2) Does you participate in another sports program outside of CYO? _____

3) If yes, what Club/Sport? _____

_____ Exception request is because the youth did not play in 50% of the regular season, but would like to participate in post season Championships.(Please provide details for each game)			
Did the participant play in:			
Game/Week 1	Yes ___	No ___	If No, why not? _____
			Date of game _____
Game/Week 2	Yes ___	No ___	If No, why not? _____
			Date of game _____
Game/Week 3	Yes ___	No ___	If No, why not? _____
			Date of game _____
Game/Week 4	Yes ___	No ___	If No, why not? _____
			Date of game _____
Game/Week 5	Yes ___	No ___	If No, why not? _____
			Date of game _____
Game/Week 6	Yes ___	No ___	If No, why not? _____
			Date of game _____
Game/Week 7	Yes ___	No ___	If No, why not? _____
			Date of game _____
Game/Week 8	Yes ___	No ___	If No, why not? _____
			Date of game _____

*****Please note the coach's score book and/or a doctor's note may be requested.*****

Is there any other information you would like to provide?

By signing below I certify that all above information is true and correct.

Parent Signature:	Head Coach:	
Sponsoring Club Athletic Director:		