

## Southside Catholic Conference REP / Non-Member Catholic School Player Request Form

**Instructions:** This form is to be used to obtain approval by the Executive Board for the use of any REP or Non-Member Catholic School player to participate in the Parish program. Use a single sheet for each player. This request must be signed by the player's parent or guardian, by the Sport Coordinator, the Director of Religious Education (or equivalent) for the Parish and the Pastor or Principal of the school. **ALL REP PARTICIPANTS MUST BE PRESENTED AND APPROVED BY THE SCC EXECUTIVE BOARD PRIOR TO THE BEGINNING OF LEAGUE PLAY.**

<b>Parish Name:</b>	<u>ST. ALEXANDER-Palos Heights</u>	<b>Today's Date:</b>	<u>23-May-17</u>
<b>REP Director Name:</b>	<u>Deacon Tim Keating</u>	<b>REP Director Phone:</b>	<u>708-448-6624</u>
<b>Player's Name:</b>	_____	<b>Yrs in Parish REP:</b>	_____
<b>Player's Address:</b>	_____	<b>Yrs in Parish:</b>	_____
	_____	<b>On Our Team Last</b>	_____
		<b>Year (Y or N) :</b>	_____
<b>Grade:</b>	_____	<b>Previous Parish:</b>	_____
<b>Date of Birth:</b>	_____ (Attach Copy of Birth Certificate)		
<b>Name of Current School Attending:</b>	_____		
<b>Address of Current School Attending:</b>	_____		
<b>Principal Name:</b>	_____	<b>Principal Phone:</b>	_____
<b>Reason for Exception:</b>	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
	_____		
<b>Has a previous exception been made? If so, when?</b>	_____		
<b>Parent or Guardian Signature:</b>	_____	<b>Date:</b>	<u>23-May-17</u>
<b>Parish Sport Coordinantor Signature:</b>	_____	<b>Date:</b>	<u>23-May-17</u>
<b>Director of REP Signature:</b>	_____	<b>Date:</b>	<u>23-May-17</u>
<b>Pastor or Principal Signature:</b>	_____	<b>Date:</b>	<u>23-May-17</u>