

**2023-2024 C.Y.A.A.
MEMBERSHIP CONTRACT**

PLEASE FILL IN FORM BELOW AND RETURN BY **September 1, 2023**

| | |
|----------------|-------|
| Name of School | Phone |
|----------------|-------|

| | | |
|-----------------|------|-----|
| Mailing Address | City | Zip |
|-----------------|------|-----|

Contracted General League Fee ----- \$ 450.00

| | |
|---------------------|-------------------------------------|
| Principal Signature | Contracted General Fee \$ 450.00 |
|---------------------|-------------------------------------|

| | |
|------|-------------------|
| Date | Total \$ _____ |
|------|-------------------|

Please remit GENERAL FEE by **September 1, 2023**. Make check(s) payable to C.Y.A.A. and mail this form with your check to:

**Catholic Schools Office
Attn: CYAA
400 E. Monroe Street
Phoenix, AZ 85004**

**2023-2024 C.Y.A.A.
MEMBERSHIP CONTRACT
Non-Diocese of Phoenix Participating Schools**

PLEASE FILL IN FORM BELOW AND RETURN BY **September 1, 2023**

| | |
|----------------|-------|
| Name of School | Phone |
|----------------|-------|

| | | |
|-----------------|------|-----|
| Mailing Address | City | Zip |
|-----------------|------|-----|

The above-named school ("Participating School") hereby agrees to defend, protect, indemnify and hold harmless the C.Y.A.A. and the Roman Catholic Church of the Diocese of Phoenix (collectively, the "Diocese Parties") and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors against and from any and all claims and liabilities arising from the acts, omissions, negligence or fault of the Participating School or any of its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates which arise out of the Participating School's participation in the C.Y.A.A. Athletic Program.

Participating School agrees to provide a certificate of insurance to the C.Y.A.A., which provides evidence of general liability coverage of not less than two million dollars (\$2,000,000.00) per occurrence. Participating School also agrees to have the Diocese Parties named as "Additional Insureds" on its general liability policy for all claims arising out of participation in the C.Y.A.A. Athletic Program. Participating School also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against any of the Diocese Parties.

If Participating School fails to comply with the immediately preceding paragraph, then Participating School expressly agrees to protect, defend, hold harmless and fully indemnify the Diocese Parties for any claim or cause of action whatsoever arising out of or related to participation of the C.Y.A.A. Athletic Program that is brought against any of the Diocese Parties by the above-named Participating School or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the any of Diocese Parties, their employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve Participating School's responsibility to comply with the immediately preceding paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the remaining portion of this agreement shall continue in full legal force and effect.

Contracted General League Fee----- \$450.00

| | |
|---------------------|---------------------------------|
| Principal Signature | Contracted General Fee \$450.00 |
|---------------------|---------------------------------|

Date

Please remit GENERAL FEE by **September 1, 2023**. Make check (s) payable to C.Y.A.A. and mail this form with your check to:

**Catholic Schools Office
Attn: CYAA
400 E. Monroe Street
Phoenix, AZ 85004**

C.Y.A.A.
Catholic Youth Athletic Association
Fall Sports
Registration Card

School _____

Address _____

Zip _____

School Phone # _____

Our school will participate in:

Boys 2023-2024 Flag Football

of Teams _____ 7th & 8th

of Teams _____ 5th & 6th

Principal Signature: _____

Bring this form along with your rosters to the Fall Sports League Scheduling Meeting:

8/29/23 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Andy Kiltz

Email: andy.kiltz@sfxphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Fall Sports
Registration Card

School _____

Address _____

Zip _____

School Phone # _____

Our school will participate in:

Girls 2023-2024 Volleyball

of Teams _____ 7th & 8th

of Teams _____ 5th & 6th

Principal Signature: _____

Bring this form along with your roster to the Fall Sports League Scheduling Meeting:

8/29/23 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Naz Felix

Email: nfelix@stgphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports
Registration Card

School _____

Address _____

Zip _____ School Phone # _____

Our school will participate in:

Boys 2023-2024 Basketball

of Teams _____ 7th & 8th

of Teams _____ 5th & 6th

Principal Signature: _____

Bring this form along with your rosters to the Winter Sports League Scheduling Meeting:

11/01/23 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Andy Kiltz

Email: andy.kiltz@sfxphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports
Registration Card

School _____

Address _____

Zip _____ School Phone # _____

Our school will participate in:

Girls 2023-2024 Softball

of Teams _____ 7th & 8th

of Teams _____ 5th & 6th

Principal Signature: _____

Bring this form along with your roster to the Winter Sports League Scheduling:

11/01/23 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Naz Felix

Email: nfelix@stgphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports
Registration Card

School _____

Address _____

Zip _____ School Phone # _____

Our school will participate in:

Boys 2023-2024 Soccer

of Teams _____ Boys

Principal Signature: _____

Bring this form along with your rosters to the Winter Sports League Scheduling Meeting:

11/01/23 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools
Location: Diocesan Pastoral Center

Email this form to:

Andy Kiltz
Email: andy.kiltz@sfxphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports
Registration Card

School _____

Address _____

Zip _____ School Phone # _____

Our school will participate in:

Girls 2023-2024 Soccer

of Teams _____ Girls

Principal Signature: _____

Bring this form along with your rosters to the Winter Sports League Scheduling Meeting:

11/01/23 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools
Location: Diocesan Pastoral Center

Email this form to:

Naz Felix
Email: nfelix@stgphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Spring Sports
Registration Card

School _____

Address _____

Zip _____ School Phone # _____

Our school will participate in:

Boys 2023-2024 Baseball

of Teams _____ 7th & 8th

of Teams _____ 5th & 6th

Principal Signature: _____

Bring this form along with your rosters to the Spring Sports League Scheduling Meeting:

2/13/24 - Grades 5-8; 1:00pm – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

Email this form to:

Andy Kiltz

Email: andy.kiltz@sfxphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Spring Sports
Registration Card

School _____

Address _____

Zip _____ School Phone # _____

Our school will participate in:

Girls 2023-2024 Basketball

of Teams _____ 7th & 8th

of Teams _____ 5th & 6th

Principal Signature: _____

Bring this form along with your roster to the Spring Sports League Scheduling Meeting:

2/13/24 - Grades 5- 8; 1:00 – 5:00 p.m. for All Schools

Location: Diocesan Pastoral Center

or email this form to:

Naz Felix

Email: nfelix@stgphx.org

C.Y.A.A.
Catholic Youth Athletic Association
Coaches Contact Form

School Name:

School Phone:

Sport:

TOURNAMENT CONTACT INFORMATION

Coaches Names:

Cell Phone #

Email:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Team Win/Loss Record

Best Team Played

C.Y.A.A.
Catholic Youth Athletic Association
Fall Sports Tournament Registration Form
Number of Teams Entering into Boys' Flag Football Tournament

School _____

School Phone # _____

Number of Teams we will enter into tournament:

Boys 2023-2024 Football

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: andy.kiltz@sfxphx.org no later than Monday, September 25, 2023.
(See Page 121)

Please remit \$175.00 per team entered in the Boys Flag Football Tournament along with a copy of this form and your check to:

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004

C.Y.A.A.
Catholic Youth Athletic Association
Fall Sports Tournament Registration Form
Number of Teams Entering into Girls' Volleyball Tournament

School _____

School Phone # _____

Number of Teams we will enter into tournament:

Girls 2023-2024 Volleyball

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: nfelix@stgphx.org no later than Monday, September 25, 2023.

(See Page 121)

Please remit \$175.00 per team entered in the Girls Volleyball Tournament along with a copy of this form and your check to:

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports Tournament Registration Form
Number of Teams Entering into Boys' Soccer Tournament

School _____

School Phone # _____

Number of Teams we will enter into tournament:

Boys 2023-2024 Soccer

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: andy.kiltz@sfxphx.org no later than Monday, January 8, 2024.

Please remit \$175.00 per team entered in the Boys Soccer Tournament along with a copy of this form and your check to:

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports Tournament Registration Form
Number of Teams Entering into Girls' Soccer Tournament

School _____

School Phone # _____

Number of Teams we will enter into tournament:

Girls 2023-2024 Soccer

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: nfelix@stgphx.org no later than Monday, January 8, 2024.

Please remit \$175.00 per team entered in the Girls Soccer Tournament along with a copy of this form and your check to:

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports Tournament Registration Form
Number of Teams Entering into Boys' Basketball Tournament

School _____

School Phone # _____

Number of Teams we will enter into tournament:

Boys 2023-2024 Basketball

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: andy.kiltz@sfxphx.org no later than Monday, December 11, 2023.
(See Page 121)

Please remit \$175.00 per team entered in the Boys Basketball Tournament along with a copy of this form and your check to:

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004

C.Y.A.A.
Catholic Youth Athletic Association
Winter Sports Tournament Registration Form
Number of Teams Entering into Girls' Softball Tournament

School _____

School Phone # _____

Number of Teams we will enter into tournament:

Girls 2023-2024 Softball

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: nfelix@stgphx.org no later than Monday, December 11, 2023.

(See Page 121)

Please remit \$175.00 per team entered in the Girls Softball Tournament along with a copy of this form and your check to:

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004
C.Y.A.A.
Catholic Youth Athletic Association
Spring Sports Tournament Registration Form
Number of Teams Entering into Boys' Baseball Tournament

School _____

School Phone _____

Number of Teams we will enter into tournament:

Boys 2023-2024 Baseball

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: andy.kiltz@sfxphx.org no later than Monday, March 18, 2024.
(See Page 121)

Please remit \$175.00 per team entered in the Boys Baseball Tournament along with a copy of this form and your check to:

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004

C.Y.A.A.
Catholic Youth Athletic Association
Spring Sports Tournament Registration Form
Number of Teams Entering into Girls' Basketball Tournament

School _____

School Phone # _____

Number of Teams we will enter into tournament:

Girls 2023-2024 Basketball

of Teams _____ 7th & 8th

Principal Signature: _____

Email this form along with Roster; Grade Level; Coaches names and cell phone numbers; win/loss record; and best team played to: nfelix@stgphx.org no later than Monday, March 18, 2024.

(See Page 121)

Please remit \$175.00 per team entered in the Girls Basketball Tournament along with a copy of this form and your check to:

Catholic Schools Office
Attn: CYAA
400 E. Monroe St.
Phoenix, AZ 85004

**One form per team
(PLEASE PRINT)**

**C.Y.A.A.
CATHOLIC YOUTH ATHLETIC ASSOCIATION
BOYS 2023-2024 SPORTS ROSTER
5th & 6th**

| |
|----------------------------|
| LEAGUE ROSTER |
| Football (Aug. 29) |
| Basketball (Nov. 1) |
| Baseball (Feb. 13) |

SCHOOL _____ ADDRESS _____ CITY _____ ZIP _____ PHONE# _____

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature _____ Date _____ Athletic Director Signature _____ Date _____

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER |
|-----------|------------|-------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |

DUE TO CYAA ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE

Head Coach

Assistant Coach

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER |
|-----------|------------|-------|---------------|
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| 25. | | | |
| 26. | | | |
| 27. | | | |
| 28. | | | |
| 29. | | | |
| 30. | | | |

One form per team
(PLEASE PRINT)

C.Y.A.A.
CATHOLIC YOUTH ATHLETIC ASSOCIATION
BOYS 2023-2024 SPORTS ROSTER
7th & 8th

LEAGUE ROSTER
Football (Aug. 29)
Basketball (Nov. 1)
Soccer (Nov. 1)
Baseball (Feb. 13)

TOURNAMENT ROSTER
Football (Sept. 25)
Basketball (Dec. 11)
Soccer (Jan. 8)
Baseball (Mar. 18)

SCHOOL _____ ADDRESS _____ CITY _____ ZIP _____ PHONE# _____

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature _____ Date _____ Athletic Director Signature _____ Date _____

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER | TOURNAMENT ELIGIBLE |
|-----------|------------|-------|---------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |

DUE TO C.Y.A.A. ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE

Head Coach

Assistant Coach

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER | TOURNAMENT ELIGIBLE |
|-----------|------------|-------|---------------|------------------------|
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |

Tournament Approved

Principal Signature

C.Y.A.A.
CATHOLIC YOUTH ATHLETIC ASSOCIATION
GIRLS 2023-2024 SPORTS ROSTER
5th & 6th

One form per team
(PLEASE PRINT)

| |
|-----------------------------|
| LEAGUE ROSTER |
| Volleyball (Aug. 29) |
| Softball (Nov. 1) |
| Basketball (Feb. 13) |

SCHOOL _____ ADDRESS _____ CITY _____ ZIP _____ PHONE# _____

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature _____ Date _____ Athletic Director Signature _____ Date _____

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER |
|-----------|------------|-------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |

DUE TO C.Y.A.A. ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE

Head Coach

Assistant Coach

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER |
|-----------|------------|-------|---------------|
| 14. | | | |
| 15. | | | |
| 16. | | | |
| 17. | | | |
| 18. | | | |
| 19. | | | |
| 20. | | | |
| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| 25. | | | |
| 26. | | | |
| 27. | | | |
| 28. | | | |
| 29. | | | |
| 30. | | | |

One form per team
(PLEASE PRINT)

C.Y.A.A.
CATHOLIC YOUTH ATHLETIC ASSOCIATION
GIRLS 2023-2024 SPORTS ROSTER
7th & 8th

| |
|---------------------------|
| LEAGUE ROSTER |
| ____ Volleyball (Aug. 29) |
| ____ Softball (Nov. 1) |
| ____ Soccer (Nov. 1) |
| ____ Basketball (Feb. 13) |

| |
|----------------------------|
| TOURNAMENT ROSTER |
| ____ Volleyball (Sept. 25) |
| ____ Softball (Dec. 11) |
| ____ Soccer (Jan. 8) |
| ____ Basketball (Mar. 18) |

SCHOOL _____ ADDRESS _____ CITY _____ ZIP _____ PHONE# _____

Names and Grades on this Roster have been verified as correct. (All listed students are enrolled in above named school).

Principal Signature _____ Date _____ Athletic Director Signature _____ Date _____

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER | TOURNAMENT ELIGIBLE |
|-----------|------------|-------|---------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |

DUE TO C.Y.A.A. ATHLETIC DIRECTOR BY THE DATES LISTED ABOVE

Head Coach

Assistant Coach

| LAST NAME | FIRST NAME | GRADE | PLAYER NUMBER | TOURNAMENT ELIGIBLE |
|-----------|------------|-------|---------------|------------------------|
| 14. | | | | |
| 15. | | | | |
| 16. | | | | |
| 17. | | | | |
| 18. | | | | |
| 19. | | | | |
| 20. | | | | |
| 21. | | | | |
| 22. | | | | |
| 23. | | | | |
| 24. | | | | |
| 25. | | | | |
| 26. | | | | |
| 27. | | | | |
| 28. | | | | |
| 29. | | | | |
| 30. | | | | |

Tournament Approved

Principal Signature

C.Y.A.A. Principal Sign Off

School Year: _____ **Season:** _____

The coaches listed below, for the (fall, winter, or spring) sports have read the philosophy, policies, rules and regulations contained in the Catholic Youth Athletic Association (C.Y.A.A.) Code of Conduct and Handbook. All of the coaches have been fingerprinted, been through the (Policy on Safe Environment Training for Diocesan Personnel), and the head coach is CPR certified. We agree to abide by these and all policies approved by the Diocese of Phoenix. We agree to abide by the C.Y.A.A. Philosophy and the obligations set forth in the Role of the Coach in the C.Y.A.A. Code of Conduct.

This list shall be submitted each season.

Principal's Signature _____ Date _____

List all coaches and the sport being coached:

Please email your list to mbartsch@dphx.org & jalcala@dphx.org

C.Y.A.A.
Catholic Youth Athletic Association

Sanction Form

School Requesting Review: _____

School's Phone Number: _____

Principal Signature: _____

Sport, Age & School in Question: _____

Reason for review: (attach additional information if needed)

Any action taken to this point

Name of Coach requesting review: _____

Phone Number: _____

The C.Y.A.A. Board will review all requests and a response will be in written form within two weeks.

Thank you,

Andy Kiltz

Naz Felix

C.Y.A.A. Athletic Directors

Official Use Only:

_____ First offense Action taken _____

_____ Second offense disqualified for tournament play