

DIOCESE OF GREENSBURG CYO CONSENT FORM/REGISTRATION FORM

PARENT SECTION

ATHLETE'S NAME _____
BIRTH DATE (MM/DD/YY) _____
SPORT _____
SCHOOL/PARISH _____
ADDRESS _____ CITY _____ ZIP _____
EMAIL _____ GRADE _____ AGE _____
PHONE NUMBER: _____
PARISH REGISTRATION _____

Shirt Size: Youth _____ Adult _____

FEE: \$85.00 payable to Queen of Angels School

FEE ENCLOSED \$ _____

Volunteer: Head Coach Assistant Coach



Does your child have asthma: Y N Does your child have allergies: Y N If yes, please list: _____

Please list any other medical issues: _____

PARENT CONSENT: My daughter/son has my permission to participate in competitive sports in the Diocese of Greensburg CYO Programs. I do hereby release and forever discharge the above mentioned team, and/or parish/school/athletic association or their successors from any/all actions or suits in law or equity which I might hereafter have by reasons of injuries sustained by my child participating in sports or in transit to or from participation in sports. I also understand that it is my responsibility to determine my child's physical and mental readiness to participate in the Diocese of Greensburg Youth Ministry Athletic Program for this season. By signing this form we agree to abide by the Handbook of Policies, Rules and Regulations of the Diocese of Greensburg, which has been distributed to each program.

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

PHYSICIAN SECTION

An authorized medical examiner must certify on this Consent Form as to the athlete's fitness to participate in the particular sport(s) involved. A Consent Form may be completed no earlier than June 1st; and, regardless of when completed during the school year, remains effective only until the next May 31st. I certify that I find, to a reasonable degree of medical certainty that the athlete is physically able to participate in the athletic program named above.

Signature of Licensed Physician _____ Date _____

Address of Physician _____ Phone _____

(Parent and Physician): Are there any physical or other restrictive limitation which the team, league, and diocese should be aware of which might restrict the athlete's participation in the program? Yes _____ No _____

If yes, specify: _____

ADMINISTRATIVE SECTION

PRINCIPAL'S SIGNATURE (if attending Catholic school): _____

PASTOR/PAROCHIAL VICAR SIGNATURE: _____

(If parishioner, pastor must validate participation in CCD program.)



INCOMPLETE FORMS WILL BE RETURNED TO THE PARENT/GUARDIAN. The athlete will be ineligible until the form is received completed.