

## PARENTAL CONSENT AND HEALTH INFORMATION

\_\_\_\_\_ has my permission to register in the Catholic Youth Sports League and participate in the following sport(s):

FOOTBALL  CHEERLEADING  TRACK  BASKETBALL  VOLLEYBALL.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School / CCD student attends: \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ (H) Phone \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_ (W) Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person to notify in an EMERGENCY \_\_\_\_\_ Phone \_\_\_\_\_

Please list allergies, medication, or medical conditions regarding your son or daughter that the CYSL should be aware of:

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## ACKNOWLEDGMENT OF WARNING and RELEASE OF LIABILITY

I, (student name) \_\_\_\_\_ do hereby acknowledge that I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of (school) \_\_\_\_\_ that by participating in the CYSL program, I am exposing myself to the risk of serious injury, including but not limited to the risk of sprains; fractures; ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs; brain damage; paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the Catholic Youth Sports Program for the school year: \_\_\_\_\_

I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the above sport(s).

\_\_\_\_\_  
Signature of STUDENT \_\_\_\_\_ Date \_\_\_\_\_

I, (parent name) \_\_\_\_\_, the parent of (student name) \_\_\_\_\_ do hereby acknowledge that I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of (school) \_\_\_\_\_ that my child named above may suffer serious injury, including but not limited to sprains; fractures; brain damage; paralysis or even death, by participating in the Catholic Youth Sports Program. I will not allow my child to participate if he/she is not in good health.

Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury which may result, I give my consent to my child participating in the Catholic Youth Sports Program.

The CYSL Director, CYSL School Representative, or CYSL coach has my consent to authorize any and all actions on behalf of my son/daughter should the occasion arise where my child would require emergency care. By giving my permission for my son/daughter to attend and participate in the above activities, I do so with the intention of releasing the Diocese of Pensacola-Tallahassee, Catholic High School, Redeemer Lutheran School, (school) \_\_\_\_\_, their administration, the CYSL League, CYSL Council, CYSL Director, Coaches, and Clergy from any and all legal claims or causes of action arising out of any injury or accident involving my son/daughter.

\_\_\_\_\_  
Signature of PARENT / GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_