

DIOCESE OF GREENSBURG – CYO CONSENT FORM

(July 2011)

SPORT \_\_\_\_\_ SCHOOL/PARISH \_\_\_\_\_

ATHLETE'S NAME \_\_\_\_\_ BIRTH DATE (MM/DD/YY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARISH REGISTRATION \_\_\_\_\_ CITY \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

PRINCIPAL'S SIGNATURE (if attending Catholic school) \_\_\_\_\_

PASTOR/PAROCHIAL VICAR SIGNATURE \_\_\_\_\_

( if parishioner, must validate participation in CCD program

A physical examination of the athlete by a licensed physician must occur within one year of the athletic year. The athlete will be ineligible to participate in diocesan sponsored athletics unless the following certification is executed:

I certify that on \_\_\_\_\_, I conducted a physical examination of \_\_\_\_\_ and 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: \_\_\_\_\_

---

**PARENT CONSENT:**

My daughter/son has my permission to participate in the competitive sports in the Diocese of Greensburg Youth Ministry Athletic Programs with \_\_\_\_\_. 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 \_\_\_\_\_

\*DENOTES REQUIRED SIGNATURES OF INFORMATION

**INCOMPLETE FORMS WILL BE RETURNED TO THE COACH. THE ATHLETE WILL BE INELIGIBLE UNTIL THE FORM IS RECEIVED COMPLETED.**