

DIOCESE OF GREENSBURG – YOUTH MINISTRY ATHLETICS CONSENT FORM

SPORT _____ PARISH/SCHOOL/CONSOLIDATION _____
ATHLETE'S NAME _____ BIRTHDATE (MM/DD/YY) _____
ADDRESS _____ ZIP _____
GRADE _____ AGE _____ HOME PHONE NUMBER _____
PARISH REGISTRATION _____ CITY _____
SCHOOL ATTENDING _____ PHONE _____
*PRINCIPAL'S SIGNATURE (IF A CATHOLIC SCHOOL) _____
PASTOR/PAROCHIAL VICAR SIGNATURE _____

The athlete must either be enrolled in a Catholic school or enrolled in and regularly attending (registered and participating) the Parish Religious Education Program (as determined by the participant's parish) for the entire school year. Article II, Section 2; 2004 CYO RULES BOOK.

A physical examination of the athlete by a licensed physician must occur within the athletic year beginning July 1 and ending June 30. 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 _____
M.D. or D.O. Only

Address of Physician _____ PHONE _____

(PARENT AND PHYSICIAN): Are there any physical or other restrictive limitations that the team, league or diocese should be aware of that might restrict the athlete's participation in the program? YES _____ NO _____

If Yes, please specify: _____

PARENT CONSENT

My daughter/son has my permission to participate in competitive sports in the Diocese of Greensburg Youth Ministry Athletic Programs with (NAME OF TEAM) _____. I do hereby release and forever discharge the above mentioned team, and/or the 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 CYO Athletics Official Rules and Regulations, which has been distributed to each program.

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____

*SIGNATURE OF PARENT/GUARDIAN _____

PARENT CODE OF CONDUCT

Parents are expected to conduct themselves in a manner consistent with the program. No parent shall at any time lay a hand upon, shove or strike a game official, coach or player. No parent may direct personal or verbal abuse toward any official for any real or perceived wrong decision or judgment. No parent may use profane or vulgar language or gestures in an manner at any time. No parent may take part in objectionable demonstrations toward diocesan rules, regulations and policies. No parent may consume alcohol or use tobacco products while at a game or practice site. Penalties for violations include ejection from the game and possible criminal prosecution under the laws of the Commonwealth of Pennsylvania.

*SIGNATURE OF PARENT(S)/GUARDIAN(S) _____ DATE _____

***DENOTES REQUIRED SIGNATURES OR INFORMATION**

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