



DIOCESE OF CLEVELAND CYO – ATHLETIC PREPARTICIPATION FORM

(PLEASE TYPE OR PRINT)

STUDENT'S FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____

BIRTH DATE _____ SEX _____ GRADE _____ SCHOOL _____

MEMBER PARISH/SCHOOL

MEMBER PARISH/SCHOOL CITY

PARENT/GUARDIAN(S) NAME _____

EMAIL _____ MOBILE NO. _____

Note: By providing your mobile number you are consenting to receive text messages related to your child's participation in CYO.

HOME NO. _____ WORK NO. _____

PARENT/GUARDIAN(S) NAME _____

EMAIL _____ MOBILE NO. _____

Note: By providing your mobile number you are consenting to receive text messages related to your child's participation in CYO.

HOME NO. _____ WORK NO. _____

MEDICAL INSURANCE CO. _____ POLICY NO. _____

MEMBER'S NAME _____ PHONE NO. (H) _____ (W) _____

MEMBER'S BIRTH DATE ____ / ____ / ____

FAMILY DOCTOR _____ PHONE NO. _____

Carefully complete the following chart before your physical exam. Explain "YES" answers below.

QUESTION	YES	NO
1. Has this athlete ever had hospitalization, surgery, injury, serious medical or psychological illness?		
2. Is this athlete now under the care of a physician or taking any medication?		
3. Does this athlete have any chronic conditions (e.g. epilepsy, diabetes)?		
4. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports by this student?		
5. Does this athlete have any known allergies? (medication, pollen, food, stinging insects)?		
6. Does this athlete wear glasses or contact lenses? Give date of last eye exam if "YES"?		
7. Has this athlete ever blacked out, been knocked out, lost consciousness or been dizzy during or after physical activity?		
8. Has this athlete ever had racing of the heart, skipped heart beat or heart murmur?		
9. Has this athlete ever had a head injury or concussion?		
10. Has this athlete ever had a seizure?		

11. Does this athlete use special protective/corrective equipment that isn't usually used? (For example knee brace, ankle brace, foot orthotics, hearing aid, etc.)		
12. Does this athlete lose weight regularly to meet weight requirements for the sport?		

Explain any YES answers from above:

DIOCESE OF CLEVELAND CYO

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT (MINORS)

I, the parent or lawful guardian of _____ (the "child"), give permission for my child to participate in Diocese of Cleveland CYO athletic and sports programs as described further in the *Activity Information* section below ("CYO") sponsored by _____ Member Parish or School..

ACTIVITY INFORMATION: My child may participate in the following CYO programs: (Check all that apply)

___ CROSS COUNTRY ___ FOOTBALL ___ VOLLEYBALL ___ SOCCER ___ CHEER
 ___ TENNIS ___ BASKETBALL ___ BASEBALL ___ SOFTBALL ___ TRACK & FIELD

Member Parish/School Use Only:

___ Check here if any additional information is attached. Note: any additional activity information (e.g. schedule, list of specific activities, etc.) should be attached where applicable to further inform parents(s) or guardian(s).

In exchange for and in consideration of the opportunity for my child to participate in CYO, I agree to the following:

1. I understand what is involved CYO and acknowledge that I have had the opportunity to ask questions regarding the scope and nature of CYO.
2. I recognize the possibility and risk of injury associated with my child's participation in CYO and that such injury can include, but is not limited to, pain, suffering, serious bodily injury, psychological injury, temporary or permanent disability, temporary or permanent paralysis, illness, disfigurement, further injury by medical treatment, and/or death. I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my child's own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure.
3. I recognize the possibility and risk of exposure or infection of COVID-19 or other communicable diseases associated with my child's participation in CYO and that such exposure or infection may result in my or my child's or other family members' exposure to or infection of COVID-19 or other communicable diseases, among other risks, and that such exposure or infection may result in personal injury, illness, permanent disability, death or other damages or expenses. I understand that such exposure or infection can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my child's own actions or inaction, the actions or inaction of others (whether negligent, intentional, or otherwise), and equipment failure.
4. I further understand that my child's participation in CYO is purely voluntary and is a privilege and not a right, and that my child, and I on behalf of my child, agree to my Child's participation in CYO in spite of the risks. I and my spouse assume, for ourselves and on behalf of our minor child (ren), all risks in connection with my child's participation in CYO and accept sole responsibility for any injury to such persons including, but not limited to,

personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that such person(s) may experience or incur in connection with the use of facilities or participation in CYO.

5. I agree to instruct my child to cooperate with those persons in charge of CYO including complying with all rules and guidelines set forth by CYO Diocese of Cleveland and/or any sponsoring parish or organization. I understand and agree that, in the event my child does not cooperate with the person(s) in charge of the activity, or comply with applicable rules and guidelines as determined at the sole discretion of the person(s) in charge of the activity, I agree to cooperate in picking up my child to remove them from the activity.

6. I and my minor child agree to follow and comply with all safety protocols and procedures related to COVID-19 or other communicable diseases as described in CYO Diocese of Cleveland's rules and guidelines, as the same may be amended from time to time, or as may be adopted by any sponsoring parish or organization..

7. To the fullest extent allowed by law, I, on behalf of myself, my spouse, my minor child, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify Catholic Charities Corporation, dba Catholic Charities Diocese of Cleveland ("CCDOC"), sponsoring Parishes and Schools, the Catholic Diocese of Cleveland, the Bishop or Administrator of the Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers ("Released Parties") forever from and against any and all claims, lawsuits, damages, judgments, expenses including attorney's fees, liabilities (of any nature or extent), demands, damages, cause of action of any nature and kind, known or unknown, which in any way arise out of or relate to my child's participation in CYO (including without limitation any injury, loss, or damage to my child's person or property), whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person) (the "Claims").

8. I understand that it is my responsibility to carry appropriate medical insurance for my child and that such is not the responsibility of any other person or party, including, without limitation, CCDOC, the Parish, School or the Diocese of Cleveland.

9. In the event reasonable attempts to contact me at the number listed below have been unsuccessful, I hereby authorize any of the staff, employees, volunteers, agents and/or representatives of CYO and the sponsoring Parish and Schools to provide for, seek, and authorize medical treatment for my child in the case of illness or accident from the closest and most appropriate licensed medical practitioner or hospital available. I understand that this authorization does not cover major surgery unless the medical opinions of two licensed physicians/dentists concurring in the necessity for such surgery are obtained for the performance of such surgery.

10. I [] consent and grant permission [] do not consent and grant permission for CCDOC, sponsoring Parishes and Schools, the Catholic Diocese of Cleveland, the Bishop or Administrator of the Catholic Diocese of Cleveland and/or its employees, volunteers, or agents ("Permitted Parties") to record (in writing or otherwise), photograph, audio record, and video record my minor child's name, image, likeness, spoken words, in any form (the "Recordings"), and to display, release, exhibit, publish, or distribute the Recordings, or any part thereof, for the purpose of and in connection with any material that may be created by or on behalf of the Permitted Parties including, without limitation, through the Permitted Parties' bulletin boards, social media, website, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation, and I agree that the Recordings shall constitute the sole property of the Permitted Parties. I further agree to release CCDOC, sponsoring Parish and Schools, the Catholic Diocese of Cleveland, and the Bishop of the Diocese of Cleveland, and their respective officers, directors, agents, employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented. I further understand that the Permitted Parties and its respective officers, directors, agents and/or employees have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

11. To the fullest extent allowed by applicable law, the Agreement shall be binding upon and inure to the benefit of the parties and their respective heirs, administrators, personal representatives, executors, successors and assigns. I, on my behalf and on behalf of my minor child, have the authority to release the Claims and have not assigned or transferred any Claims to any other party. This Agreement constitutes the entire agreement between the parties and

supersedes any and all prior oral or written agreements or understandings between the parties concerning the subject matters of this Agreement. This Agreement may not be altered, amended or modified, except by a written document signed by both parties. The Released Parties, to the extent they are not parties to this agreement, are intended to be third party beneficiaries.

12. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I HAVE CAREFULLY READ AND UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS STATED HEREIN AND ACKNOWLEDGE THAT THIS PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT SHALL BE EFFECTIVE AND BINDING UPON ME, MY CHILD, AND MY OWN AND MY CHILD'S PERSONAL REPRESENTATIVE OR ESTATE, ASSIGNS, HEIRS, AND NEXT OF KIN AND THAT I HAVE SIGNED THIS AGREEMENT OF MY OWN FREE WILL.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date ___/___/___

Home Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): (other Phone No.): _____

Emergency Contact Phone No. (cell): (other Phone No.): _____

Signature of Witness: _____ Witness Name (please print): _____

Witness Phone Number: _____

HISTORY AND PERMISSION FORMS MUST BE COMPLETED PRIOR TO PHYSICAL EXAM

STUDENT'S HEIGHT _____ WEIGHT _____ BP _____ PULSE _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Muscular skeletal			

*Station-based examination only.

OPTIONAL TESTS
URINALYSIS
ALBUMIN _____
SUGAR _____
MICRO (IF ABOVE TEST ABNORMAL) _____
BLOOD COUNT (FOR FEMALES)
HGB. _____
OR _____
HCT. _____

SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES _____ NO _____

RECOMMENDATIONS:

I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NOTE: EXCEPTIONS IN RECOMMENDATIONS AREA).

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PHYSICIAN'S TELEPHONE NO.: _____

<p><u>PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)</u></p>
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