

**CYO Athletics – Diocese of Manchester  
PLAYER PARTICIPATION FORM  
Season beginning November 2016**

**Coaches Use Only:**  
\_\_\_\_\_ 3/4<sup>th</sup> Grade Parish  
\_\_\_\_\_ 5/6<sup>th</sup> Grade Parish  
\_\_\_\_\_ 7/8<sup>th</sup> Grade Parish  
\_\_\_\_\_ High School  
\_\_\_\_\_ Catholic School 5/6  
\_\_\_\_\_ Catholic School 7/8

**Player Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**My child attends a Diocesan Catholic School.**  Yes  No

**Name/location of Catholic School** \_\_\_\_\_

**Select One of the Following Options:**

My child will play on a Catholic school team.  Yes  No

My child will play on the CYO parish team  Yes  No

**If playing for a CYO Parish team, please complete the following:**

Name/location of parish team: \_\_\_\_\_

I am a registered parishioner of: \_\_\_\_\_ parish.

I have been registered at the above parish for at least 12 months.  Yes  No

If NO, was your change of parish registration due to

\_\_\_\_\_ A change of address (former address \_\_\_\_\_)

\_\_\_\_\_ No former registration at any Catholic church

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Please allow my son/daughter \_\_\_\_\_ to participate in the 2016-2017 CYO Athletic Program. I warrant and represent that my child is physically fit and capable of taking part in this activity. I make this warranty and representation on the basis of advice given me by a duly licensed physician and I know of no change in my child's medical condition since receiving such advice that would affect the opinion of said physician.

I agree to release, indemnify and hold harmless the *Roman Catholic Bishop of Manchester, a Corporation Sole*, its constituent organizations, including but not limited to the Catholic Youth Organization (CYO) of the Diocese of Manchester from any and all liability for personal injuries or property damage or death to my child/ward that arises in any way from participation in the CYO Athletic Program activities, including but not limited to transportation to or from these activities including all liability that results from the alleged negligence of the RCBM or any other person or cause. Furthermore, I agree to have my child treated for emergency medical or dental problems that should result from injuries received, providing treatment is advised by a licensed physician or dentist. I accept full responsibility for all costs related to such emergency treatment.

On the line below I have listed any medical condition, physical disability, allergy to medicine which is relevant to rendering medical care to my child if he/she needs emergency medical care

\_\_\_\_\_ I understand that photographs of my child may be taken and used for publicity, newspaper articles, and/or on the CYO web site. If you do NOT want your child's photograph used, notify the coach in writing.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_