

**CYO Athletics – Diocese of Manchester
PLAYER PARTICIPATION FORM
Season beginning November 2017**

Coaches Use Only:

- _____ 3/4th Grade Parish
- _____ 5/6th Grade Parish
- _____ 7/8th Grade Parish
- _____ High School
- _____ Catholic School 5/6
- _____ Catholic School 7/8

Player Name _____

Date of Birth _____ **School Grade** _____

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

Please allow my son/daughter _____ to participate in the 2017-2018 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: _____