

# St. Veronica Boosters Club

## Release Form

Date \_\_\_\_\_

Amt. \_\_\_\_\_

Ck# \_\_\_\_\_

Gender \_\_\_\_\_

Name of Player \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

1. I hereby certify that I am the parent/guardian of the player named above, and that to the best of my knowledge, he/she is physically fit to participate in \_\_\_\_\_. I hereby consent to the player participating in the St. Veronica Boosters Club Sports Program.

2. It is understood that by signing this contract, I agree to abide by the rules of the above mentioned association, parish and team. It is also understood that by signing this contract releases from liability: St. Veronica Parish and School, the St. Veronica Boosters Club, sponsors, managers, coaches, and assistant coaches, in connection with any injury to the player.

3. I further agree that he/she may be transported when necessary, in privately owned cars to and from places of such activities. I will not hold these drivers responsible for any injury to my child in case of accident.

4. Insurance: it is the responsibility of each parent/guardian of said player participating in the above name activity to adequately cover that player with proper insurance.

5. In case of emergency, the Boosters Club requires the following:

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Preferred Hospital \_\_\_\_\_

Father \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_

Mother \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_

Relative or neighbor to be called in the event parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

6. Release executed on \_\_\_\_/\_\_\_\_/\_\_\_\_

I have carefully read this general release of all claims and fully understand all its items. I understand I am obligated to volunteer as needed. I understand a late fee will be assessed after the advertised deadline. I execute this release with full knowledge of its significance.

In addition, I grant permission for use of my child's photo and name in the newspaper and/or St. Veronica website.

\_\_\_\_\_  
Parent/Guardian

Email Address \_\_\_\_\_

CYO ATHLETICS

AGREEMENT AND RELEASE OF LIABILITY  
(With consent of Parent or Guardian of Minor)

DATE \_\_\_\_\_

NAME OF PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARISH/SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

I acknowledge that participating in the sports of basketball, baseball, football, softball, track and volleyball (the "Sports") can be dangerous activities involving many risks of injury. I further acknowledge that Catholic Youth Sports Organization, Inc. (the "CYO") is a non-profit corporation formed to advance league play of the Sports, the efforts of which directly benefit me. I, in consideration of the acceptance of me by the CYO as a participant in a sports league release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against the CYO, the parish/school listed above, or their respective trustees, officers, employees, coaches, agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by me directly or indirectly in connection with my participation in any of the Sports during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and the CYO and that the terms hereof are contractual and not a mere recital. I currently have no know physical or mental condition that would impair my capability for full participation as intended and expected of me (except for \_\_\_\_\_).

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OF GUARDIAN OF A MINOR: I, as parent or guardian of the Student, represent to the CYO that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf on my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_ DATE \_\_\_\_\_