

*** Return This Form To Your Coach ***

THIS FORM MUST BE AVAILABLE AT ALL CYO GAMES

CATHOLIC YOUTH ORGANIZATION - ARCHDIOCESE OF SAN FRANCISCO



PARENTAL PERMISSION AND HEALTH AUTHORIZATION FORM

Child's Name: _____ Organization: Holy Name of Jesus School

Address: _____ Phone #: _____
(Street, City, Zip)

School: _____ Grade: _____ DOB: _____ Gender: _____

Parent/Guardians Name: _____ Phone #: _____

Address: _____ Work #: _____
(Street, City, Zip)

Person (s) (Other Than Parent) TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Phone #: _____

I/We, the parent, guardians of the above named child hereby give my/our consent and permission for his/her participation in CYO/Holy Name Sports. I/We agree to direct my/our child to cooperate and conform to directions and instructions of CYO/Holy Name Athletic Director (s) responsible for CYO/Holy Name Sports.

I/We agree that in the event of my/our child is injured as a result of his/her participation in CYO/Holy Name Sports, including transportation to and from these activities, whether or not caused by the negligence of the parish/school, or any of it's agents, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

Parent/Guardians Signature: _____ Date: _____

Parent/Guardians Signature: _____ Date: _____

Family Physician: _____ Phone #: _____

Address: _____ City/Zip: _____

Parent/Guardians Signature _____ Date: _____

Medical Insurance: _____ Insurance #: _____

If you "DO NOT" want medical care given to your child, please state reasons why:

BOTH SIDES OF THIS FORM MUST BE COMPLETED

MUST BE COMPLETED BY PARENT OR GUARDIAN

HAVE OR SUBJECT TO THE FOLLOWING: (CHECK IF YES)

____ ASTHMA ____ FAINTING SPELLS ____ CONVULSIONS
____ DIABETES ____ HEART TROUBLE ____ ALLERGIES TO MEDICATIONS
____ SPORT RESTRICTIONS: (PLEASE LIST) _____
____ OTHER – DESCRIBE: _____

HAVE DIFFICULTY WITH: (CHECK IF YES)

____ EYES, EARS, NOSE ____ THROAT ____ DIGESTION ____ LUNGS

ANY CONDITION NOW REQUIRING MEDICATION(S) - (Y/N)

NAME OF MEDICATION: _____

ANY RESTRICTION OF ACTIVITY FOR MEDICAL REASONS: (Y/N)

REASONS: _____

RISK OF INJURY

CYO/Holy Name Sports Program would like to advise you that person(s) competing in sports risk minor, serious or permanent injury to themselves or to others. Such injury can include, but not be limited to the following; injuries to the head, tissues, muscles, bones, joints, eyes, ears, face, feet and hands. Injuries can be caused by, but not limited to; collisions with teammates and opponents, colliding with the floor, building fixtures, or sports equipment, by falling, and or running. Protective equipment employed in all sports is **NOT** a safeguard against injury.

Please read and sign below that you acknowledge that you have read and understand this information and that you have explained this to your child. The child also must sign below that he/she has read or had this information explained to him/her.

Parent/Guardians Signature: _____ Date: _____

Participant Signature: _____ Date: _____

I am the parent of _____, and I hereby release the parent/coach driver of any automobile in which my child is driven to and from Holy Name School – Sports Event from any liability regarding my child.

Parent/Guardians Signature: _____ Date: _____