

ATTENTION CYO ATHLETES AND PARENTS/GUARDIANS

ATHLETE'S NAME: _____ GRADE: _____ SPORT: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ASSUMPTION OF RISK -- PROOF OF INSURANCE:

The coaching staff is concerned with your safety and wants you to receive the benefits of athletic participation.

I _____ (signature) Student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

_____ (Date)

I hereby consent to participation by my child, _____, in the sport described above. In consideration of my child being allowed to participate in this sport, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Catholic Youth Organization (CYO), the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents and representatives (Releasees), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the sport. This release of indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release of indemnification apply to the extent of commercial insurance coverage for any claim, but this Release of Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I am the parent or legal guardian of the above named student and have read the above and recognize the risk in participation and injury. (Signature below)

The student is covered by an insurance policy in effect for the school year:

Parent/Legal Guardian

Parent/Legal Guardian

Date

Name of Insurance Company

Policy or group number (Contact Athletic Director ASAP if no policy exists)

EXPECTATIONS IN EDUCATIONAL ATHLETICS

The administration and staff of our parish/school, all CYO parishes/schools and the CYO Athletic Department wish to make it clear that CYO sports are an educational activity. Athletes, parents and friends must be aware of our school's expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are a part of the activity, much like the athletes, coaches and officials. **As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.**

- It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- At all times it is expected that we will respect one another; adults and students alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

Student-Athlete

Parent/Guardian

Parent/Guardian

This form is to be kept on file at the Parish/School. A new form must be filed each school year. The form



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed in three places by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

NAME: LAST	FIRST	SEX	GRADE	AGE
ADDRESS: STREET		CITY		ZIP
FATHER'S / GUARDIAN'S NAME		WORK PHONE		MOTHER'S / GUARDIAN'S NAME
				WORK PHONE
FAMILY DOCTOR		OFFICE PHONE		HOME PHONE
				DATE OF BIRTH

INSURANCE STATEMENT & MEDICAL HISTORY

Our son/daughter will comply with the specific insurance regulations of the school district.

- Family Insurance Co. _____
- Contract # _____
- Signature of Parent or Guardian or 18-Year-Old: _____

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Have you ever had:			Do you now have:		
Fainting			Kidney Disease			Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
			Do you now have:					
Poliomyelitis			Blurred Vision			Nosebleeds		
Pneumonia			Headaches			Frequent Sore Throats		
Asthma			Fainting			Stomach Pains		
Diabetes			Convulsions					
Heart Disease			Blackouts					

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & Returned directly to the patient. (Categories may be added or deleted; check appropriate column.)

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia / Testicular Exam		
Teeth - Cavities			Neurologic		
Orthopedic			Muscular		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities not crossed out below.

BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

SIGNATURE OF EXAMINER: X	CIRCLE ONE: MD DO PA NP
PRINTED NAME OF EXAMINER:	DATE:

MEDICAL TREATMENT CONSENT

To be completed by Parent or Guardian or 18-year-old

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD _____ DATE _____

X



STUDENT AND PARENT OR GUARDIAN CONSENT FORM

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR.

PLEASE PRINT:

COMPLETE LEGAL NAME:			LAST	FIRST	MIDDLE
DATE OF BIRTH:	MONTH	DAY	YEAR	CITY	STATE
CIRCLE	7	8	9	PLACE OF BIRTH:	
GRADE:	10	11	12	SCHOOL:	

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my high school in any sport, I will not compete in any outside athletic contest in this sport until after the high school season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

SIGNATURE OF STUDENT _____ DATE _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I hereby give my consent for the above high school student to engage in interscholastic athletics and understand the possibility that serious injury may result from participating in athletic activities. He/she has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

SIGNATURE OF PARENT OR GUARDIAN OR 18-YEAR-OLD _____ DATE _____

This form must be on file in the high school office before practicing with any athletic team.

(Please Print)

EMERGENCY INFORMATION - To be completed by Parent or Guardian or 18 yr. old

Student's Name:	Grade:
	Phone:
IN EMERGENCY CONTACT:	Phone:
1) _____	
or 2) _____	
My Family Doctor Is: _____	Please detail any special medical information _____