

DIOCESE OF PITTSBURGH
SECRETARIAT FOR LEADERSHIP DEVELOPMENT AND EVANGELIZATION

CYM SPORTS ATHLETIC RELEASE

PARISH/INSTITUTION: _____ Basketball Softball

I. PERSONAL INFORMATION

Athlete's Name: _____ DOB: ____ / ____ / ____ M F

Father's Name: _____ Mother's Name: _____

Father's Phone: _____ Mother's Phone: _____

Home Address: _____ Age: _____

City: _____, PA Zip: _____

Phone: _____ E-mail: _____

Parish Membership: _____ School: _____

II. ATHLETE'S PLEDGE

I promise to abide by the General Guidelines for the CYM Sports Program of the Diocese of Pittsburgh. I will remember that as an athlete in this league I am a member of a team that is a ministry of the Catholic Church. I will not bring dishonor upon, or show disrespect to, the league, the parish I represent, my teammates, my coaches, the athletes and coaches I compete against, the officials, the spectators, and any physical property through inappropriate language and conduct before, during and after the game.

Athlete's Signature *Date*

III. PHYSICIAN RELEASE

The above mentioned athlete has been examined by me on (date) ____ / ____ / ____ and my examination has found no medical reason to preclude his/her participation in competitive CYM Sports.

Physician's Signature *Date*

NOTE: A copy of the athlete's physical may be attached in lieu of the physician's signature in this section. The physical report must be signed and have a date during the year current school year, and state specifically that the athlete may participate in athletic competition.

IV. PARENTAL/GUARDIAN CONSENTS

PERMISSION

I/We, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my child to participate in CYM Sports.

MEDICAL AUTHORIZATION

- A. In the event of any injury or illness to my/our child during his/her participation in CYM Sports, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/We agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Parish of _____, the Department for Youth and Young Adult Ministry or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

- B. Name, phone number and relationship of person to notify if parent/guardian is not available:

INSURANCE INFORMATION

- C. Prior to taking my child to the emergency room the following procedure must be followed so that my insurance carrier will cover expenses:

Hospitalization Insurance Carrier: _____

Policy # _____ Agreement # _____

Please check if you **DO NOT** have hospitalization coverage **OR** DPA coverage.

Coverage for injury resulting from athletic competition is specifically excluded from the Diocesan Insurance Program.

I have read the above and will comply.

_____	_____	_____	_____
<i>Father/Legal Guardian</i>	<i>Date</i>	<i>Mother/Legal Guardian</i>	<i>Date</i>

V. GENERAL MEDICAL MATTERS

In the event that your child should require emergency treatment, the following information is critical. If this information changes during the season please inform the coach immediately to prevent any problems should emergency professionals become involved.

Medication(s) & dosage(s): _____

Known allergies: _____
