CYO OF GREATER DAYTON

INDIVUAL SPORT REGISTRATION AND PARENTAL CONSENT FORM

Note: A separate form must accompany the Roster of each sport.

SPORT:_____TEAM_____

NAME:_____
(Last) (First) (Middle Initial)

ADDRESS:_____
(Number) (Street) (City) (Zip)

PHONE NUMBER:_____SEX:_____

DATE OF BIRTH:_____AGE:_____GRADE:_____

MEMBER OF _____PARISH

ATTENDS_____SCHOOL

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 the above-mentioned sport. I hereby consent to said player competing in the program sponsored by the CYO of Greater Dayton. (Note: the CYO of Greater Dayton strongly recommends a complete physical examination by a family physician on an annual basis.)

2. It is understood that by signing this contract, I agree to abide by the rules and regulations of the CYO of Greater Dayton. It is also understood that signing this contract releases from liability, the CYO of Greater Dayton from any injury sustained during his/her participation in the above mentioned sport and /or practice of said sport.

3. Insurance: It is the responsibility of each parent/guardian to adequately cover a child participating in the CYO of Greater Dayton activities with proper insurance.

WARNING

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing to play/participate in the above mentioned sport include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and serious injury or impairment to other aspects of the body, general health and well-being. I understand that the dangers of playing or practicing to play/participate in the above mentioned sport might result not only in serious injury, but also in serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally enjoy his/her life.

PARENT/GUARDIAN SIGNATURE:_____DATE:_____

NOTE: Original Must Go To The CYO Office. Copies Will Not Be Accepted.