

Player #:

Player Registration & Medical Release Information 2022-2023

Player's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Primary Phone _____ Grade (as of Sept 2022) _____ Male: _____ Female: _____

Parish: _____ School: _____

JERSEY SIZE: Youth: M L Adult: S M L XL XXL (circle size)

SHORTS SIZE: Youth: M L Adult: S M L XL XXL (circle size)

I plan to try out for my school team: YES NO

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

Father's Phone # _____ Mother's Phone # _____

Father's E-mail _____ Mother's E-mail _____

Health Insurance Carrier _____ Contract No: _____

Physician Name/Telephone No: _____

Hospital Preference: _____

List *any* medications currently taking: _____

Are there any medical conditions or restrictions (i.e.: asthma, ADD, learning disability) that your child's coach should be aware of: YES NO

If YES, please explain: _____

Person to contact in case of emergency (other than above):

Name: _____ Phone #: _____

DISCLAIMER

Release statement: I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies and/or for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child. I certify that my child is in good physical health and has no limitations other than those I have listed, which may predispose him/her to risk during the program.

My signature confirms that I will read the CYO Athletics philosophy and I give my permission for my child to participate in the program and for the Athletic Director and/or Coach to have a copy of his/her records. I hereby release the Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and all liability for any damages suffered as a result of or relating to my child's participation in the CYO program.

******CYO athletics is not responsible for lost or theft of personal or team articles during CYO functions******

Parent/Guardian Signature

Date

Paid Date: _____
Amount: _____
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash
Player Level _____
Receipt # _____