



# CATHOLIC YOUTH ORGANIZATION

## ATHLETIC CONTRACT

(PLEASE PRINT - USING INK)

YEAR \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parish \_\_\_\_\_

### I. PARENT AND ATHLETE

We, athlete and parent, understand that participation in athletics involves the possibility of a serious or even fatal injury. In consideration for our child's opportunity to participate in this program, we, the parents, individually and on behalf of our child, expressly assume any and all risks associated with and arising from such participation, including, but not limited to *possible exposure to and/or infection with COVID-19*, bodily and emotional injury, at practice, competitive events, and any other related activity, including transportation to and from any event by a volunteer. We hereby release the Diocese of Toledo, CYO, any parish and/or school sponsor and all of their agents from and indemnify them against any and all liability for any such injury or damage. We have provided the required Emergency Medical Authorization to the coach with this Contract. We will abide by CYO rules, the Parents' Code of Ethics and the direction of CYO and game officials. We also grant permission to the Diocese of Toledo, CYO or their agents to take photographs of my children and use them as they deem necessary.

Athlete's Signature & date signed	Parent's Signature & date signed
Mother's Name: _____	Father's Name: _____
Mother's cell phone: _____	Father's Cell Phone: _____
Mother's e-mail: _____	Father's e-mail: _____

### II. MEDICAL EXAMINER

The above named athlete has been examined by the undersigned on \_\_\_\_\_ and is in sound physical condition to compete in the CYO Athletic Program. Date of examination

Medical Examiner's Signature & Printed Name	Remarks
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### III. PARENTS' CODE OF ETHICS

- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will demonstrate the Christian values of self-restraint, fair play, and sportsmanship in my treatment of others at every game, practice session, or other CYO event.
- I will ask my child to treat all players, coaches, fans, and officials with respect regardless of race, sex, or ability.
- I will demand a drug, alcohol, tobacco and weapon-free sports environment for my child and agree to assist by refraining from their possession and/or use at all CYO events.
- I will do my best to make my child's involvement with youth sports a positive experience, while always remembering that the game is for the youth, not the adults.
- *I will ensure that my child is free from symptoms of illness before allowing him/her to attend a practice or competition.*

I have read the above "Code of Ethics" and understand that my (our) failure to uphold any of these statements may lead to disciplinary action by the CYO Office, which may include, but is not limited to, the forfeiture of my right to watch my child participate in CYO athletic events.

Parent's Signature & date signed	Parent's Signature & date signed
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This form is to be kept on file at the parish, either with the athletic director or a sports commissioner. A new form must be filed each school year. An updated emergency medical form must be submitted by parents to the coach at the start of each new athletic season.

**---EMERGENCY MEDICAL AUTHORIZATION---**

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for players who become ill or injured while under coaches authority when parents or guardians cannot be reached. THIS FORM MUST BE FILLED OUT IN INK EACH SCHOOL YEAR!

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parish \_\_\_\_\_ Sport \_\_\_\_\_  
Mother's Name/cell phone/email: \_\_\_\_\_  
Father's Name/cell phone/email: \_\_\_\_\_  
Guardian's Name/cell phone/email: \_\_\_\_\_  
Dependable relative or neighbor to call in an emergency (illness or injury) when parent or guardian cannot be reached (name) \_\_\_\_\_ (phone) \_\_\_\_\_  
Allergies \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_  
Medication being taken \_\_\_\_\_  
(Name) (Dosage) (Time(s) taken)  
List of health problems. Example: asthma, vision, epilepsy, diabetes, hearing, bone or muscle problems, etc.  
\_\_\_\_\_  
Medical Insurance Firm \_\_\_\_\_ Policy# \_\_\_\_\_

**PART I OR II MUST BE COMPLETED**

**Part I – TO GRANT CONSENT** If unable to reach parent or guardian, I hereby give my consent for 1) the administration of any treatment deemed necessary by \_\_\_\_\_ (physician) or \_\_\_\_\_ (dentist) in the event that the designated practitioner is not available another licensed physician or dentist and 2) the transfer of the player to \_\_\_\_\_ (hospital) or any hospital reasonably accessible.

This authorization does not cover surgery unless the medical opinions of two other licensed physicians or dentists concurring in the surgery are obtained prior to the performance of such surgery.

\_\_\_\_\_  
(Parent or guardian's signature & date signed)

**PART II - REFUSAL TO CONSENT** I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish team authorities to take no action or to:

\_\_\_\_\_  
(Parent or guardian's signature & date signed)