

**CYO Athletics – Diocese of Manchester  
 PLAYER PARTICIPATION FORM  
 Season beginning November 2004**

**Coaches Use Only:**

- \_\_\_\_\_ 5/6<sup>th</sup> Grade CYO
- \_\_\_\_\_ 7/8<sup>th</sup> Grade CYO
- \_\_\_\_\_ Junior CYO
- \_\_\_\_\_ Intermediate CYO
- \_\_\_\_\_ Catholic School 5/6
- \_\_\_\_\_ Catholic School 7/8

Player Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If your child is participating on his/her Catholic grammar school team, complete the following:**

My child regularly attends the following Catholic School: \_\_\_\_\_

**If your child is participating on his/her CYO parish team, complete the following:**

I am a registered parishioner of \_\_\_\_\_ parish.

I have been registered at the above parish for at least 12 months. \_\_\_\_\_ YES \_\_\_\_\_ NO

If NO, was your change of parish registration due to

\_\_\_\_\_ A change of address (list former address \_\_\_\_\_)

\_\_\_\_\_ No former registration at any Catholic church

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Please allow my son/daughter \_\_\_\_\_ to participate in the 2004-2005 CYO Athletic Program. I warrant and represent that my child is physically fit and capable of taking part in this activity. I make this warranty and representation on the basis of advice given me by a duly licensed physician and I know of no change in my child's medical condition since receiving such advice that would affect the opinion of said physician.

I agree to release, indemnify and hold harmless the *Roman Catholic Bishop of Manchester, a Corporation Sole*, its constituent organizations, including but not limited to the Catholic Youth Organization (CYO) of the Diocese of Manchester from any and all liability for personal injuries or property damage or death to my child/ward that arises in any way from participation in the CYO Athletic Program activities, including but not limited to transportation to or from these activities including all liability that results from the alleged negligence of the RCBM or any other person or cause. Furthermore, I agree to have my child treated for emergency medical or dental problems that should result from injuries received, providing treatment is advised by a licensed physician or dentist. I accept full responsibility for all costs related to such emergency treatment.

On the lines below I have listed any medical condition, physical disability, allergy to medicine which is relevant to rendering medical care to my child if he/she needs emergency medical care

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that photographs of my child may be taken and used for publicity, newspaper articles, and/or on the CYO web site. If you do NOT want your child's photograph used, notify the coach in writing.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_