

**Catholic Youth Organization**  
 825 NE 20<sup>th</sup> Ave. Suite 320 Portland, OR 97232 Fax: 503-231-9531  
**CYO Summer Sports Permission and Participation Agreements**

**Registration Information**

Last Name <small>(As it appears on birth certificate)</small>	First Name	Middle Initial	Fathers Name	Mothers Name
Address:		City	State	Zip
Home Phone	Father (Work Phone)	Mother (Work Phone)	Other Phone	
Current Grade [ <input type="text"/> ]	Gender: ( <input type="checkbox"/> ) Female ( <input type="checkbox"/> ) Male	Birthdate <input type="text"/> / <input type="text"/> / <input type="text"/>	Age: [ <input type="text"/> ]	
School Attending	Insurance Company	Policy #	Hospital	

**RELEASES: (Injury Risks, Insurance Waiver, Emergency Medical, Athletic Code of Conduct)**

By its nature, participation in athletics includes risk of injury that may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

**I have read the above warning and release and understand its terms.** I understand that all sports can involve **RISKS OF INJURY**, including, but not limited to, those risks outlined above. In consideration of the CYO permitting my child to participate in this sport activity I hereby agree to hold CYO, collectively and individually, its employees, agents, representatives, medical personnel, coaches and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever that may arise by or in connection with participation of my child/ward in this sport activity. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, director, assignees, and for all members of my family.

By signing this **Permission and Participation Agreement**, we acknowledge that we have read the above information. **PARENTS OR CHILDREN WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION and Participation Agreement.** "I hereby give my consent for the above-named athlete, 1. To participate in the athletic activities as described above and approved by the athlete's examining medical doctor; 2. To receive, through a medical doctor of the Sport Director's choice, emergency medical care that may become reasonably necessary in the course of such athletic activities. I further agree not to hold CYO or anyone acting in its behalf responsible for any injury occurring to the above-named athlete in the proper course of such athletic activities."

**EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT:** In emergency, contact the parent or legal guardian as indicated on this form. I as the parent or guardian of the participant above recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that the Sport Director may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance.

**PUBLICATIONS:** I hereby give CYO/Camp Howard permission to use my child's photograph for advertising and/or newspaper purposes in the promotion of CYO/Camp Howard.

**ATHLETIC INSURANCE WAIVER:** I fully understand that CYO does not provide accident or health insurance coverage for my boy/girl while participating in athletics. I fully understand that it is my responsibility to provide insurance coverage. I have insurance with the Insurance provider as identified above. Should this information change I will notify CYO. My medical/accident insurance company will pay the medical or surgical expenses that result from any injury, major or minor, that the above named child may receive as a result of practicing or performing in athletics with CYO. This insurance will also cover the above named child while traveling to or from this sport activity. Since I, the parent or guardian of the above named athlete, have an insurance policy that will provide adequate financial coverage for any type of injury or injuries or whatever might result there from, I the parent or guardian, agree to release CYO or any part thereof, from any obligation as pertains to financial responsibility in these matters for the CYO athlete year or any period of time thereafter.

Parent/Legal Guardian initials **X** \_\_\_\_\_

**ATHLETE CODE OF CONDUCT:** The Athlete agrees to adhere to all of the CYO Rules and Philosophy including eligibility, practices, and team meetings. His/her personal conduct must not discredit CYO and should he/she violate the *Athletic Code of Conduct* or rules of the program he / she shall accept the disciplinary actions by CYO.

Athlete's initials **X** \_\_\_\_\_

NOTE: For youth participants, both participant and parent must sign this form.

Parent/Legal Guardian Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

(June 04)