

**DIOCESE OF OAKLAND – CATHOLIC YOUTH ORGANIZATION (CYO)**  
**PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM**  
*THERE MUST BE A COPY OF THIS FORM AT ALL CYO ACTIVITIES*

○ Child's Name \_\_\_\_\_ Parish \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
(street, city, zip)

School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

○ Parent/Guardians Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
(street, city, zip)

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

○ IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**HEALTH AND MEDICAL INFORMATION**

○ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

○ Medical Plan \_\_\_\_\_ Plan Number \_\_\_\_\_

○ Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician?  Yes  No

State any reasons why you do not want medical care given to your child in an emergency: \_\_\_\_\_  
\_\_\_\_\_

○ List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type of medication given: \_\_\_\_\_  
\_\_\_\_\_

Has your child had difficulty with the following (check all that apply):

- |   |  |                                      |                                   |                                |                                    |
|---|--|--------------------------------------|-----------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart |                                    |
| <input type="checkbox"/> Eyes               | <input type="checkbox"/> Ears            | <input type="checkbox"/> Nose        | <input type="checkbox"/> Throat   | <input type="checkbox"/> Lungs | <input type="checkbox"/> Digestion |
| <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Other _____     |                                      |                                   |                                |                                    |

List any physical restriction or restriction for any sport activity on the basis of medical condition: \_\_\_\_\_  
\_\_\_\_\_

State the date of your child's last physical examination: \_\_\_\_\_

**IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY SPORTS ACTIVITY.**

**(COMPLETE BACK OF FORM)**

**Parental Permission and Acknowledgement of  
Conditions for Participation in Program**

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **(check all that apply)**:  basketball     cross country  
 softball     track & field     volleyball     cheerleading  
and all related activities, including but not limited to transportation to and from games or practice sessions.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from CYO staff or adult volunteer leaders (coaches).
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any sport activity, whether or not caused by the negligence of parish, school, or CYO program employees, agents or volunteers or other participants.
4. I/we understand that children competing in athletic and recreational sports programs risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by teammates, other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities or the schools or parishes where sports activities are held, vehicle accidents while in transport or through the activity itself. Protective equipment used in a sports activity is not a safeguard against injury.

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to participate in the sports activities of CYO, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in CYO sports activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any CYO sports activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian