# YOUTH & YOUNG ADULT MINISTRY AND CYO OFFICE – CYO ATHLETIC PREPARTICIPATION FORM

(PLEASE TYPE OR PRINT)

**STUDENT'S NAME** _____ **BIRTH DATE**_____ **SEX** ____ **GRADE** _____
LAST FIRST

**ADDRESS**_____ **SCHOOL** _____
STREET CITY ZIP

**PARISH** _____ **PARISH CITY** _____

**PARENT/GUARDIAN(S) NAME** _____ **EMAIL** _____

**MOBILE/WORK TELEPHONE NO.** _____**HOME TELEPHONE NO.**_____

| **Carefully complete the following questions before your physical exam. Explain "YES" answers below.** | **YES** | **NO** |
|---|---|---|
| **1. Has this athlete ever had hospitalization, surgery, injury, serious medical or psychological illness?** | ___ | ___ |
| **2. Is this athlete now under the care of a physician or taking any medication?** | ___ | ___ |
| **3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports by this student?** | ___ | ___ |
| **4. Does this athlete have any known allergies? (medication, pollen, food, stinging insects)** | | ___ |
| **5. Does this athlete wear glasses or contact lenses? Give date of last eye exam if "YES"** | ___ | ___ |
| **6. Has this athlete ever blacked out, been knocked out, lost consciousness or been dizzy during or after physical activity?** | ___ | ___ |
| **7. Has this athlete ever had racing of the heart, skipped heart beat or heart murmur?** | ___ | ___ |
| **8. Has this athlete ever had a head injury or concussion?** | ___ | ___ |
| **9. Has this athlete ever had a seizure?** | ___ | ___ |
| **10. Does this athlete use special protective/corrective equipment that isn't usually used?** (For example knee brace, ankle brace, foot orthotics, hearing aid, etc.) | ___ | ___ |
| **11. Does this athlete lose weight regularly to meet weight requirements for the sport?** | ___ | ___ |

Explain any YES answers: _____

I/we, the undersigned consent to the participation of the above-named child in CYO athletics including practice sessions, scrimmages and athletic contests. In consideration of participation in these programs, and wishing to promote and benefit this non-profit cause, I/we, the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless the Catholic Charities Health & Human Services, Inc.(CCHHS), the Bishop of the Roman Catholic Diocese of Cleveland , the Roman Catholic Diocese of Cleveland, sponsoring Catholic Parishes/Schools and any of their agents, representatives, employees, successors or assigns for my health, safety or any injury and/or disability arising out of or resulting from: (CHECK all programs that apply)

**___CROSS COUNTRY ___FOOTBALL ___VOLLEYBALL ___SOCCER ___CHEERLEADING**

**___BASKETBALL ___WRESTLING ___BASEBALL ___SOFTBALL ___TRACK & FIELD**

As a participant/parent in the program, I/we recognize and acknowledge that there are certain risks or physical injury and I/we agree to assume the full risk of any injuries, including loss of life, damages or loss which I/we may sustain as a result of participating in any and all activities connected with or associated with such program. The undersigned acknowledge that the participant has prepared for the sport in which participating by adequately conditioning and practicing. I/we hereby represent that I have no physical restrictions that would prohibit my participation in the sport that I have selected. The Youth & Young Adult Ministry and CYO Office has my permission to have a physician attend me if deemed necessary during my participation in this CYO program.

I/We also give permission and authorize CCHS, it agents, employees, successors and assigns to photograph or otherwise electronically or digitally record my image, or that of my child for which I am guardian participating in these athletic programs for the publication in printed or electronic form to be seen and disseminated to the general public in any media including CCHHS newsletter, poster, display, film, video or website.

I/we further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the CCHHS, Youth & Young Adult Ministry and CYO Office and its officers, agents, servants and employees from any and all claims resulting from injuries, including loss of life, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.

**Participants Signature** _____ **Date** _____

**Parent or Guardian Signature** _____ **Date** _____

**Parent or Guardian Signature** _____ **Date** _____

This athlete has family medical insurance: ____ YES ____ NO If yes, the Child is covered by:

**INSURANCE COMPANY:** _____ **POLICY NO.** _____ **EFFECTIVE DATE:** _____

***HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO PHYSICAL EXAM***

**STUDENT'S HEIGHT** _____ **WEIGHT** _____ **BP** _____ **PULSE** _____

| | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|---|---|---|---|
| **Eyes/Ears/Nose/Throat** | | | |
| **Lymph Nodes** | | | |
| **Heart** | | | |
| **Pulses** | | | |
| **Lungs** | | | |
| **Abdomen** | | | |
| **Muscular skeletal** | | | |

**OPTIONAL TESTS**
**URINALYSIS**
**ALBUMIN** _____
**SUGAR** _____
**MICRO (IF ABOVE TEST ABNORMAL)** _____
**BLOOD COUNT (FOR FEMALES)**
**HGB.** _____
**OR**
**HCT.** _____

***Station-based examination only.**

**SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES ___ NO___**

**RECOMMENDATIONS:** _____

_____

_____

**PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)**

**I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NOTE EXCEPTIONS IN RECOMMENDATIONS AREA)**

**PHYSICIAN'S SIGNATURE**_____

**PHYSICIAN'S TELEPHONE NO.** _____**DATE**_____