



# CATHOLIC YOUTH ORGANIZATION (SPORTS)

## CHEER 2021-2022

Registration & Medical Release Form

### INSTRUCTIONS

This form is required for registration and participation of your child in CYO Sport activities. Please complete all information requested and submit your registration form along with the proper fee. Each sport played requires a \$40 fee per child. Cash or checks accepted (payable to \_\_\_\_\_ School (Please insert your child's School)).

CYO activity you are registering for: \_\_\_\_\_ Grade- K-2: 3-4: 5-6:

Position you would prefer (if applicable / depending on the sport): \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Athletic Number Preferred (no numbers guaranteed): \_\_\_\_\_

### STUDENT INFORMATION:

Name: \_\_\_\_\_ DOB: (MM/DD/YYYY) \_\_\_\_\_ AGE: \_\_\_\_\_

School: \_\_\_\_\_ GRADE: \_\_\_\_\_ (grade student will be in during sport season)

### PARENT/MEDICAL INFORMATION:

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Parent Name (optional): \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Do you have medical insurance? Yes  No  If yes, please complete the following:

Subscriber's Name (Parent with coverage): \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group/Member ID \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies Yes  No  (If yes, please complete) \_\_\_\_\_

Illnesses Yes  No  (If yes, please complete) \_\_\_\_\_

Child on Medications Yes  No  (If yes, please complete) \_\_\_\_\_

Allergies to Medication Yes  No  (If yes, please complete) \_\_\_\_\_

**EMERGENCY CONTACT**

In case of emergency, please contact \_\_\_\_\_ Phone: \_\_\_\_\_

This is a permission form to be used if the hospital cannot contact you or your emergency contact. All information is kept strictly confidential and will only be shared with proper school officials. If contact cannot be made, I give permission to the CYO Sports coaches or officials to seek medical treatment for my child in case of injury or illness incurred while participating in CYO events/activities.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

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**CYO Sports CODE OF CONDUCT**

CYO athletic competition is a means of developing youth and giving them the opportunity to enjoy healthful sports. Participation in the CYO activities is a privilege, and is conditional upon proper behavior. The guiding principle behind the enforcement of this code is that the behavior of everyone involved in CYO should be consistent with Christian values, and should not detract from the children’s enjoyment of the sport.

**PLAYERS:** I agree that:

- I will accept seriously the responsibility of representing the school by displaying positive behavior at all times.
- I will treat my teammates and opponents with respect and good sportsmanship before, during, and after contests.
- I will respect the judgment of my coaches & CYO officials while abiding by the rules of the game.
- I am aware that any discipline or academic issue may affect my involvement with CYO sports.

**PARENTS:** I (we) agree that:

- I will remember that children participate to have fun and that the game is for them, not adults.
- I will accept seriously the responsibility of representing our school by displaying proper behavior at all times, and understand that the failure to do so (as well as my guests) could affect my attendance at CYO sponsored events and activities.
- I will respect the decisions made by coaches / officials and will handle all concerns properly.
- I understand the expectations set forth for my child/children as a student athlete of \_\_\_\_\_ School (insert child’s school) and will uphold those expectations at all times.
- I will not encourage any behaviors or practices that might endanger the health and well-being of the student athletes.

***We have read the above Code of Conduct, and we agree to follow these guidelines in our participation with all CYO activities, sports, and events.***

Student Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_