

To be kept with CYO program; copies made as needed for coaches and district.

**DIOCESE OF ALLENTOWN
CYO PARENTAL/GUARDIAN PERMISSION FORM & RELEASE**

Participants Name: _____ Birth Date: _____ Gender: _____
Parent/Guardian's name(s): _____
Home phone: _____ Alternative phone: _____

I (we), _____ grant permission for our child, _____ to
(Parent or guardian's name) (Child's name)
participate in all related programs or events associated with the CYO Program at _____.
(Name of parish/school)

These activities will take place under the guidance and direction of parish/school employees and/or volunteers. My (Our) child understands and agrees to abide by all rules and regulations established by the Office of Youth and Young Adult Ministry and the parish/school pertaining to the CYO program. I also give my permission for my child's picture/video to be taken as a part of youth ministry activities & to be used in any promotion of parish youth activities including the website. *(Details regarding multimedia usage found on the back of this form).*

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. In consideration for my(our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the program, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend the _____, and the Diocese of Allentown, Bishop John O. Barres, D.D.,
(Name of parish/school)
S.T.D., J.C.L., and all of and their employees and representatives, including chaperones, volunteers or any other representatives associated with the program (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

MEDICAL MATTERS

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child. I (we) also hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me (us) and the above numbers, contact:

Name & Relationship: _____ Phone: _____
Family Doctor: _____ Phone: _____
Medical Insurance Health Plan Carrier: _____
Group #: _____ I.D.#: _____

If your child is taking any medications or has and specific medical needs that should be brought to our attention (allergies, immunizations, dietary needs, physical limitations, exposure to contagious diseases (mumps, measles, etc.) please let us know by using the back of this form.

form continued on the next page, signature required

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MEDICAL MATTERS (CONT.)

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Specific Medical Information: The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations: (Date of last tetanus/diphtheria immunization):

Does child have a medically prescribed diet?:

Any physical limitations?:

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition:

Other concerns (academic, physical, behavioral, intellectual, etc):

MULTIMEDIA USAGE

By signing these permission forms, I/we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by the SCHOOL/PARISH and the Diocese of Allentown. I understand that these materials may be used for the promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display.

I agree that the photograph/ image shall be free for use and release the _____ (SCHOOL/PARISH)

and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

We have read carefully this entire Parental/Guardian Permission Form & Release and agree to its terms and intend to be bound hereby:

Participants signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____

Susan Matour, Director

smatour@allentowndiocese.org Phone: 610-289-8900 ext 23

Parents' CYO Sports Pledge

I/We, the undersigned, am/are registering my/our son/daughter in a Catholic athletic program, which will emphasize Christian values during practice and games. Although my/our child's team will practice hard and play their games to the best of their ability, faith in Jesus Christ -not just winning - will be the most important goal of the season.

I/We realize that my/our child is to behave in a Christian manner throughout the season, and that family and friends who come to his/her games are also to act in a manner appropriate for a program dedicated to living the faith we profess. Any violation will result in removal from the event, and/or refused admittance to CYO-sponsored events. A spectator is understood to mean anyone in attendance at an event, including parents, family members, and/or friends. Any spectator who displays poor sportsmanship, or interferes with the conduct of a CYO event may be removed from the event by an official/referee, their team coach, a host-site gym supervisor, a CYO District Commissioner or Administrative Official. In such situations, it is the discretion of the CYO District Commissioner, following discussion with OYYAM, as to whether a spectator will be barred from attendance at subsequent CYO events.

I/We also realize that my/our child will be expected to attend Sunday Mass weekly as well as Holy Days of Obligation and be enrolled in a Catholic School or attend the Parish Religious Education Program (including Youth Ministry Program). Realizing the profound influence my/our example has on our child(ren), I/we will attend Sunday Masses and Holy Days of Obligation as a strong witness of my/our faith.

I/We realize that inappropriate behavior on the part of my/our child, **or family members**, could result in my/our child's suspension from the team. (see Participants' and Spectators' Code of Conduct).

I/We pledge to do my/our part to witness to Christian values at home and at games, to support the coaches in their attempt to develop the team into a faith community, and to take seriously the faith dimension of the team's efforts.

Child's Name: _____

Parental/Guardian Name and Signature: _____

Date: _____

Parental/Guardian Name and Signature: _____

Date: _____