Our Lady of Guadalupe Parish CYO Athletics
Medical/Permission Form

PARTICIPANT INFORMATION

Sport: _____

Name: _____M/F: ___Grade: _____Birthdate: ____/___/____

Street Address: _____

City: _____Zip: _____Phone: _____

EMERGENCY CONTACT INFO

Parent / Legal Guardian name(s) / phone(s): _____

Emergency contact name / relationship / phone(s): _____

Doctor name / phone: _____

Insurance carrier / policy #: _____

Dentist name / phone: _____

Insurance carrier / policy # (if different from doctor info): _____

Hospital of Preference: _____

Please list any special medical conditions this participant may have: _____

_____

PARENT/LEGAL GUARDIAN PERMISSION - I hereby consent to participation by my child (the "participant") in the activity noted above. I understand that this event may take place away from the Parish site and that the participant will be under supervision of CYO Athletic Program Volunteers during this activity. I acknowledge that CYO coaches or representatives are not responsible for transportation.

I understand that participation in CYO sports entails strenuous physical activity and the possibility, through normal game and practice activities, of minor or serious injury. I take full responsibility for the above-named participant's welfare, and will not hold Our Lady of Guadalupe Parish / School, the CYO organization of the Archdiocese of Seattle, the coaching staff, or the schools at which my participant will practice, responsible for accident or injury sustained by the participant. I remain fully responsible for any legal responsibility which may result from any personal actions taken by the participant.

I hereby certify that the participant is in normal health and capable of participating in the CYO sport noted above. I have designated on this form any illness and/or disability of which the coaching staff needs to be aware. I understand that medical coverage will not be available through the Archdiocese of Seattle.

EMERGENCY MEDICAL RELEASE - If emergency treatment is required, and the parent(s) or legal guardian(s) listed above cannot be reached immediately, your signature at the bottom of this form empowers Parish authorities to exercise their own judgment in calling the physician/dentist listed above, or if not available, to transport the participant to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by Federal Law.

SIGNATURES (Note: signatures are REQUIRED prior to participation in 2nd practice)

_____ _____

Parent / Guardian Signature **Date** **Parent / Guardian Signature** **Date**

Athletes: Complete and return this form to your Head Coach
Head Coach: Keep completed forms with your medical kit