

**Consent to Participate
Acknowledgement of Assumption of Risk and Release**

I certify that I am the parent/legal guardian of _____ . I hereby give my consent for my child/ward to participate in the sport of _____ during the _____ season.

I hereby acknowledge that I understand that playing and participating in sports, while not intended to be dangerous, can sometimes result in physical injuries. In consideration of permitting my child/ward/s participation in said sport, I hereby release St. Charles and the Catholic Youth Organization (CYO) and its employees, agents and coaches from all losses and liabilities which may arise in connection with my child/ward's participation in any activities related to said sport.

I also hereby acknowledge that I have instructed my child/ward to obey all instructions given by the coaches and follow all the rules imposed by the coaches and/or CYO.

I also acknowledge that participation in this sport may take place at a location away from the St. Charles Borromeo School site. I understand that all team members are responsible for their own transportation to and from events.

There are no conditions that my child/ward has that may be a risk of injury to his/herself or other children unless stated below:

The following are special circumstances regarding my child/ward which coaches need to be aware of:

Coach: _____

Dated this ____ day of _____, 20 ____

Parent/Guardian Signature

Parent/Guardian E-Mail Address

I have read the above document and promise to obey all instructions given by my coaches and to follow all rules announced by my coaches, the school, or the CYO.

Student Signature

Grade/Teacher

Please attach the CYO Fees to forms. Checks payable to St. Charles.

Please complete & turn in both the Medical Release & Consent to Participate forms.