



# CYO & COMMUNITY SERVICES, INC.

**ATHLETIC REGISTRATION FORM**  
812 BIRUTA STREET, AKRON, OHIO 44307-1104  
PHONE: (330) 374-8326 FAX: (330) 762-2001  
WWW.AKRONCYO.ORG

*Mission Statement: CYO and Community Services is a partnership of youths adults and parishes rooted in Catholic Values, committed to fostering a culture of community service, and dedicated to serving the young, the disabled, the elderly and the poor. Adopted 1995.*

### PLAYER INFORMATION

PLEASE PRINT

PLAYER'S NAME \_\_\_\_\_ DATE of BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)

HOME ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ COUNTY \_\_\_\_\_  
 (NO.) (STREET) (CITY) (ZIP)

FATHER'S NAME \_\_\_\_\_ PLACE of EMPLOYMENT \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ PLACE of EMPLOYMENT \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PARISH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ MALE  FEMALE

### CERTIFICATION OF PHYSICIAN'S EXAMINATION

(This validates participants for the current school year (June 1 through May 31), and must be dated after June 1).

I certify that I have on this date examined this applicant and that, on the basis of the examination and on the applicant's medical history as furnished to me by the applicant's parent(s)/legal guardian(s), I have found no reason that would make it medically inadvisable for this applicant to compete in athletic activities.

Physician's Signature: \_\_\_\_\_ Date of Release: \_\_\_\_\_

Physician's Name (printed) \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_ Physician's Address: \_\_\_\_\_

### PARENT'S PLEDGE

I understand that the purpose of CYO Athletics Programs is to provide as many young people as possible the opportunity to experience spiritual, physical, mental, and emotional growth through participation in a variety of sports. I accept that CYO Athletics strives to do this in a manner that enhances each young person's spiritual development, contributes to his/her dignity, fosters inclusiveness and nurtures a spirit of selfless service. I therefore agree to the following:

- I will do my best to familiarize myself with the rules of the game and policies of the league.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will teach my child that doing one's best is more important than winning.
- I will teach my child to treat other players, coaches, officials and spectators with respect regardless of race, creed, color, ability or team affiliation.
- I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
- I will support a sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from their use at all sports events.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent including booing, taunting, refusing to shake hands, or using profane language or gestures.
- I (and my guests) will act as positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.

I/we have read and fully understand the contents of this entire document and consent to the provisions contained herein.

IN WITNESS WHEREOF, I set my hand hereto as of the date set forth below:

\_\_\_\_\_  
Signature of Parent/ Legal Guardian of Player Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Legal Guardian of Player Date \_\_\_\_\_

(Note: Where player has two parents/legal guardians, both must sign application or participation may be denied).

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**AUTHORIZATION FOR MEDICAL TREATMENT OF PLAYER**

I/We, the parent(s)/legal guardian(s) of the above named applicant (hereinafter "applicant"), hereby give permission, consent and authorization to CYO & Community Services (hereinafter "CYO") to provide medical care including, but not limited to the delivery of first aid care to applicant. I/we further give permission and authorize CYO to act on my/our behalf or on the behalf of applicant to seek medical treatment in the case of illness or accident from the closest and most appropriate medical practitioner or hospital available and to arrange necessary related medical transportation. I/we agree to pay any expenses incurred. I/we understand that CYO will make reasonable efforts to contact me/us in the case that professional medical attention will become necessary.

**AUTHORIZATION TO PHOTOGRAPH AND PUBLICIZE PLAYER, AND RELEASE**

I/We give permission and authorize CYO to disseminate information describing applicant including but not limited to name, relevant statistical information, award information, team membership, and team schedules to various media outlets in the community, including but not limited to newspapers, radio and television stations, as well as over the Internet for inclusion in various relevant websites. I/we further give permission and authorize CYO to photograph or otherwise electronically or digitally record applicant's image for publication in printed or electronic form, and for applicant's image to be seen and disseminated to the general public in any media form, including, but not limited to CYO and/or Catholic Charities Health & Human Services (hereinafter "CCHHS") newsletters, posters, displays, films, videos, or websites, and other relevant media outlets.

In consideration of applicant's participation in a CYO program, and wishing to promote and benefit this non-profit cause, I/we hereby indemnify, release and hold harmless CYO and CCHHS, and any of its related entities, corporate or otherwise, their employees, representatives, successors and assigns, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their employees, representatives, successors, and assigns, from any and all liability for claims that I/we or applicant may have or claim for privacy, invasion of privacy, libel, payment of royalties for use of the above-described photograph, video or electronic image, as well as claims for damages or other relief in law or equity

**STATEMENT OF VALIDITY OF INFORMATION PROVIDED, RELEASE, INDEMNIFICATION AND WAIVER OF LIABILITY**

I/we state that all of the information contained in this application is accurate, complete and true, to the best of my/our knowledge. This application has my/our approval, and I/we agree to abide by the rules and decisions of CYO. I/we understand that all activities have certain risks and could result in injury. I/we specifically waive and relinquish all claims that I/we or the applicant might have. I/we fully release, discharge and agree to indemnify, hold harmless and defend CYO, CCHHS, any of their related entities, corporate or otherwise, their employees, representatives, successors and assigns, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland and their employees, representatives, successors, and assigns, from any and all liability for claims and demands resulting from harm, bodily injury, loss of life or property, damages and losses sustained by me/us or applicant that may occur as a result of my/our or applicant's participation in any activity associated with CYO for which permission has been granted to participate.

I/we have read and fully understand the contents of this entire document and consent to the provisions contained herein.

IN WITNESS WHEREOF, I set my hand hereto as of the date set forth below:

\_\_\_\_\_  
Signature of Parent/ Legal Guardian of Player

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Legal Guardian of Player

\_\_\_\_\_  
Date

(Note: Where player has two parents/legal guardians, both must sign application or participation may be denied).

**COACHES AFFIRMATION**

I acknowledge the above named player adheres to the CYO player eligibility rules for participation in CYO Athletics. I confirm to the best of my knowledge this player is NOT participating for another team or in another league as governed by the CYO General Rules of Eligibility.

\_\_\_\_\_  
COACH'S SIGNATURE

\_\_\_\_\_  
DATE

FOR CYO USE ONLY	
PAID AMOUNT	_____
PARISH PAY	_____
CHECK NUMBER	_____
CASH	_____
CHECK ONE	_____

FOR CYO USE ONLY	
DATE OF BIRTH:	_____
BIRTH CERTIFICATE VALIDATION	