

FORT WAYNE C.Y.O.  
Athletic Participation Consent and Release

(Please print or type)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: Female \_\_\_\_\_ Male \_\_\_\_\_  
\_\_\_\_\_ (name of parent/guardian with whom child resides)

Name of School \_\_\_\_\_

Part I: Student Consent [To be read and discussed by student and parent(s), and signed by student]

I have read and understand the Student Athlete Responsibility and Eligibility rules and regulation of the above named school and the Catholic Youth Organization (CYO). I do not know of any reason including any medical condition, but not limited to, that I could not be eligible to represent the above-named School in athletics. If I am accepted as a representative (on a team), I agree to follow the rules and regulation of the above-named School and the CYO and to abide by their respective decisions concerning these rules and regulations. I know, appreciated and have discussed with my parent(s)/guardians(s) the risks and dangers involved in athletics generally, and in the particular sport to which I participate listed below. I know and have discussed with my parent(s)/guardian(s) that unexpected dangers may arise during my participation in School athletics and that I and my parent(s)/guardian(s) assume all risks of injury to my person and property that may be sustained by me or by my parent(s)/guardian(s) in connection with or in any way related to my participation in School athletics.

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

Part II: Parent Consent & Release [To be completed and signed by (custodial) parent(s)/guardian(s)]

A. In accordance with the rules of the above-named School and the CYO, I request that my child (hereinafter referred to as "participant") be permitted to participate in any of the following CYP sports: Cheerleading, Football, Basketball, Volleyball, Wrestling, Soccer, Track and/or Softball.

I further hereby give consent to the participant's participation in any of these sports.

B. I understand that participation will likely necessitate travel, and I give my consent to have such transportation provided by the above-named School and/or volunteers (such as parents and coaches).

C. I acknowledge that I and the participant have read and understand the Student Athlete Responsibility and Eligibility rules and regulations of the above-named School and the CYO. I do not know of any reason including medical reasons but not limited to, that the participant could not be eligible to represent the above-named School in athletics.

D. I acknowledge that I and the participant know and appreciate and have discussed the risks and danges involved in the above described sports. We are assuming all risks of injury and damage in any way related to the participant's participation in the sport. I hereby release, discharge, and relinquish the above-named School, the Parish associated with the above-named School, and the CYO and the Diocese of Fort Wayne-South Bend and all their representatives, agents, officers, employees, coaches, volunteers, and officials of and from all claims, demands, actions, and causes of action of any sort for any injuries sustained by the participant and me, and from any damages to the participant or my/our property.

E. I acknowledge that the participant has adequate family insurance coverage through: \_\_\_\_\_  
\_\_\_\_\_ Insurance Company.

I HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AND RELEASE FORM AND THE STUDENT ATHLETE RESPONSIBILITY AND ELIGIBILITY RULES OF THE SCHOOL AND CYO.

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