

ST. JOSEPH SCHOOL PARENT/GUARDIAN CONSENT FORM CYO BASKETBALL (4th THRU 8th GRADE)

CHILD'S NAME _____ GRADE _____ D.O.B. _____ M/F _____
(One child per form, please)

PRIMARY PARENT/GUARDIAN CONTACT (S) _____
ADDRESS _____ CITY & ZIP _____
PHONE (S) _____ EMAIL (S) _____
CELL PHONE (S) _____

ADDITIONAL PARENT/GUARDIAN CONTACT (S) _____
(IF DIFFERENT THEN ABOVE)
ADDRESS _____ CITY & ZIP _____
PHONE (S) _____ EMAIL (S) _____

SCHOOL _____ PARISH _____ RELIGION _____
PHYSICIAN _____ PHONE _____
EMERGENCY CONTACT _____ PHONE _____
SPECIAL MEDICAL CONDITIONS _____

I hereby consent to the participation by my child and/or individual under my guardianship (collectively "my child") in the Catholic Youth organization ("CYO") activity listed above. I affirm that my child has no special medical conditions (except as listed above) and is fit for strenuous physical activity. I understand that this activity may take place away from the Parish/School grounds, that my child may be under the supervision of CYO volunteers during the activity and that CYO coaches, volunteers and other parents may provide transportation for the activity. I understand that this sport and any associated activities, including transportation, involve an element of risk of bodily injury. I assume and accept all such risks and hazards that arise from participation, whether or not such risks are foreseeable and whether or not such risks are directly related to participation in the activity. I hereby release, absolve, and agree to hold harmless and indemnify the Corporation of the Catholic Archbishop of Seattle, St. Joseph Parish, St. Joseph School, CYO (and any agents, employees, officers, chaperones, leaders, organizers, coaches, volunteers, or sponsors of the foregoing), from and against any claims or suits arising from participation in the activity. Should such entities be guilty of gross negligence leading to serious illness, injury or death of my child, I recognize that I have the right to pursue legal redress. I agree to hold any third parties (e.g., the place at which the activity occurs) responsible for their own negligence and liability.

I hereby authorize medical/dental care and treatment for my child/guardian, as necessary, while under the supervision of the CYO sports program representatives.

I will return all equipment and team uniforms at the end of the season in clean and good condition within 1 week of last game, or I will provide St. Joseph CYO with the funds to replace said equipment/uniforms. I understand that no report cards, diplomas, or transcripts will be released until the uniform is returned or replacement cost is paid.

No earrings are allowed in CYO games for any reason.

PARENT/GUARDIAN: Please print name: _____ Date: _____

Please sign _____

BASKETBALL FEE (4th–8th) \$55.00

_____ Bill school account (non-school families please attach payment instead)
_____ I request financial aid through the business office.