

ST. JOSEPH'S CYO TRACK (4th-8th GRADE)
AND TRACK CLUB (K THRU 3rd GRADE)
PARENT/GUARDIAN CONSENT FORM

CHILD'S NAME _____ D.O.B. _____ M/F _____ GRADE _____

(One child per form, please)

PRIMARY PARENT/GUARDIAN CONTACT (S) _____

ADDRESS _____ CITY & ZIP _____

PHONE (S) _____ CELL PHONE (S) _____

EMAIL(S) _____

(Please print clearly as the coaches will use this email to notify you if a practice will be cancelled.)

ADDITIONAL PARENT/GUARDIAN CONTACT (S) _____

(IF DIFFERENT THEN ABOVE)

ADDRESS _____ CITY & ZIP _____

PHONE (S) _____ EMAIL (S) _____

CELL PHONE (S) _____

SCHOOL _____ PARISH _____ RELIGION _____

PHYSICIAN _____ PHONE _____

EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED:

NAME _____ 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.

CYO TRACK FEE...\$20.00 (4th -8th)
(\$10.00 fee will be added for Jaguar's
Spirit tee-shirt).

TRACK CLUB FEE...\$10.00 (K-3rd)
(no tee-shirt required for track club)

Spirit tee-shirts are required to participate in CYO track meets. They replace the singlets that have been used in the past.

SIZES: Youth Small _____ Youth Medium _____ Youth Large _____
Adult Small _____ Adult Medium _____ Adult Large _____

PARENT/GUARDIAN: Date: _____

Please print name: _____ Please sign _____

_____ Bill school account (non-school families please attach payment instead)

_____ I request financial aid through the business office.

TRACK 03/04/08