



ACKNOWLEDGMENT OF WARNING and RELEASE OF LIABILITY

I, (student name) _____ do hereby acknowledge that I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of (school) _____ that by participating in the CYSL program, I am exposing myself to the risk of serious injury, including but not limited to the risk of sprains; fractures; ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs; brain damage; paralysis or even death. Having been so cautioned and warned, it is still my desire to participate in the Catholic Youth Sports Program for the school year: I hereby further acknowledge that I do so with full knowledge and understanding of the risk of serious injury to which I am exposing myself by participating in the following sport(s).

Signature of STUDENT

Date

I, (parent name) _____, the parent of (student name) _____ do hereby acknowledge that I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of (school) _____ that my child named above may suffer serious injury, including but not limited to sprains; fractures; brain damage; paralysis or even death, by participating in the Catholic Youth Sports Program. I will not allow my child to participate if he/she is not in good health. Notwithstanding such warnings, and with full knowledge and understanding of the risk of serious injury which may result, I give my consent to my child participating in the Catholic Youth Sports Program.

The CYSL Director, CYSL School Representative, or CYSL coach has my consent to authorize any and all actions on behalf of my son/daughter should the occasion arise where my child would require emergency care. By giving my permission for my son/daughter to attend and participate in the above activities, I do so with the intention of releasing the Diocese of Pensacola-Tallahassee, Catholic High School, Redeemer Lutheran School, Episcopal Day School, Creative Learning Academy, Sacred Heart Cathedral, their administration, the CYSL League, CYSL Council, CYSL Director, Coaches, and Clergy from any and all legal claims or causes of action arising out of any injury or accident involving my son/daughter.

I, (parent name) _____, hereby grant permission for all photographs taken during the school year, which includes on-site location, to be used by CYSL or the Schools Office for either publicity, CYSL website, or advertising for the league and Catholic Schools.

Signature of PARENT / GUARDIAN

Date

THIS FORM MUST BE ON FILE BEFORE A STUDENT CAN PARTICIPATE.



HEALTH INFORMATION

Student's Name _____ Date of Birth _____

School student attends: _____ Grade _____

Name of Parent or Legal Guardian _____ (W) Phone _____

Parent Email _____ Cell Phone _____

Person to notify in an EMERGENCY _____ Phone _____

Please list allergies, medication, or medical conditions regarding your son or daughter that the CYSL should be aware of:

Physician's Name _____ Phone _____

Hospital preference _____

Insurance Company _____ Policy Number _____

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