

MERCER COUNTY CYO

Permission to Participate

I give permission for my child _____ to participate in CYO Athletics for _____ school/parish.

Parent's or Guardian's Signature _____

Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics. I know of no reason to restrict my child's activity and give permission for participation in CYO Athletics. In the event that I cannot be reached in an emergency, I hereby give permission to physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child name above.

Parent's or Guardian's Signature _____

Acknowledgement of Risk / Waiver and Release

I certify that my child's current physical condition is satisfactory for participating in the above CYO Program.

I recognize and acknowledge that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in CYO Athletics.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents, and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in CYO Athletics.

Parent's or Guardian's Signature _____

PARENT / EMERGENCY CONTACT INFORMATION

Mother/Guardian's Name _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____ (Pager) _____

Father/Guardian's Name _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____ (Pager) _____

In case we are unable to reach you, please give us two emergency contacts:

Emergency Contact Name _____ Address: _____
Phone Numbers: (H) _____ (W) _____ (C) _____ (Pager) _____

Emergency Contact Name _____ Address _____
Phone Numbers: (H) _____ (W) _____ (C) _____ (Pager) _____