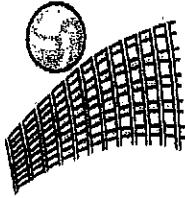


CYSL

Catholic Youth Sports League

Registration - Parental Consent Form



Football _____
Cheerleading _____
Volleyball _____
Basketball _____
Track _____



_____ has my permission to participate in the 20__ CYSL Football Cheerleading
Volleyball Basketball Track program(s). I will not allow my son/daughter to participate if he/she is not in good
 health. The following is factual and current to contact me _____
 Address _____

_____ phone no. _____ or you may contact _____
 another responsible party _____ phone no. _____

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 activity(ies),
 I do so with the intention of releasing the Diocese of Pensacola-Tallahassee, Catholic High School,
 _____, their administrators, the CYSL Council, Clergy, Coaches, and CYSL Director from
 School or Parish

from any and all legal claims or causes of action arising out of any injury or accident involving my son/daughter.

_____ Date

_____ Parent or Guardian Signature



Name of Student _____ Date of Birth _____

School/CCD you attend _____ Grade _____

Home Address _____ Home Phone _____

Parent/Guardian Name _____ Work Phone _____

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

Physician's Name

Physician's Phone

Hospital Preference

Acknowledgment of Warning By Parents

We/I, the parent(s) of _____ do hereby acknowledge that we/I have been fully advised, cautioned and warned by the proper administrative and coaching personnel of _____ that our/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 CYSL. Notwithstanding such warning, and with full knowledge and understanding of the risk of serious injury to our/my child named above which may result, we/I give our consent to _____ participating in the CYSL.

Signature of Parent/Guardian _____ Date _____

Acknowledgment of Warning By Student

I _____, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of _____ that by participating in the CYSL, I am exposing myself to the risk of serious injury, including but not limited to the risk of sprains, fractures and 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 CYSL, and should I choose to participate in the CYSL I 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 CYSL.

Signature of Parent/Guardian _____ Date _____