

**Diocese Of Oakland**  
Catholic Youth Organization (CYO)  
Parental Permission and Health Authorization Form      Parish: **St. Raymond**

*Please check the box indicating your child's eligibility for St. Raymond CYO:*

- My child attends St. Raymond School
- My child attended St. Raymond CCD last year and is currently enrolled in CCD.
- I live within the SR Parish boundaries (Montevideo South, 580 North, Tassajara West)

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Person(s) to notify in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We, the parent/guardians of the above named child hereby give my/our permission for his/her participation in any and all CYO activities. I/We agree to direct my/our child to cooperation and conform with the directions and instructions of CYO personnel responsible for CYO activities.

I/We agree that in the event my/our child is injured as a result of his/her participation in CYO activities, including transportation to and from these activities, whether or not caused by the negligence of the parish/school CYO program, or any of its agents or employees, resources for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We hereby give permission for:  
*(can be filled out after the coach is known)*

Adult Leader: (coach) \_\_\_\_\_ Adult Leader: (coach) \_\_\_\_\_  
to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan Number: \_\_\_\_\_

If you do not want medical care given to your child, state the reasons here: \_\_\_\_\_

Must be completed by Parent or Guardian

Have or Subject to (Check if Yes):

Asthma       Fainting Spells       Convulsions       Diabetes

Heart Trouble       Allergy or Reaction to ANY medications

Sport Restrictions List: \_\_\_\_\_

Other Describe: \_\_\_\_\_

Have Difficulty with (Check if Yes):

Eyes, Ears, Nose, Throat       Digestion

Lungs       Menstrual Problems

Any condition now requiring medications? Yes/No Name of medication: \_\_\_\_\_

Any restriction of activity for medical reasons? Yes/No Explain \_\_\_\_\_

**It is strongly recommended that each child have of physical examination prior to the sports participation!**

Risk of Injury

The CYO program would like to advise your that persons competing in athletic programs risk minor, serious, or permanent injury to themselves or to others. Such and injury can include, but not be limited to, injuries to head, tissues and muscles, bones and joints, eyes, ears, face, feet, and hands. Injuries can be caused by, not limited to, collisions with opponents and teammates, by falling, by colliding with the floor, building fixtures or sports equipment, by running or merely as a result of activity. Protective equipment employed in sports is not a safeguard against injury.

Please read and sign below that you acknowledge that you have read and understand this information and that you have explained this to your child. The child must also sign below that he/shed has read or has this information explained to him/her.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be available at all CYO Activities!*