

DIOCESE OF OAKLAND – CATHOLIC YOUTH ORGANIZATION (CYO)
PARENTAL PERMISSION, HEALTH AUTHORIZATION, RELEASE FORM
THERE MUST BE A COPY OF THIS FORM AT ALL CYO ACTIVITIES

○ Child's Name _____ Parish _____
Address _____ Phone _____
(street, city, zip)

School _____ Grade _____

Date of Birth _____ Male Female

○ Parent/Guardians Name _____ Home Phone _____
Address _____ Work Phone _____
(street, city, zip)

Cell Phone _____ Email _____

○ IN CASE OF EMERGENCY, NOTIFY PERSON OTHER THAN PARENT/GUARDIAN:

Name _____ Phone _____

HEALTH AND MEDICAL INFORMATION

○ Family Physician _____ Phone _____
Address _____

○ Medical Plan _____ Plan Number _____

○ Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your child in an emergency: _____

○ List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type of medication given: _____

Has your child had difficulty with the following (check all that apply):
 Asthma Fainting Spells Convulsions Diabetes Heart
 Eyes Ears Nose Throat Lungs Digestion
 Menstrual Problems Other _____

List any physical restriction or restriction for any sport activity on the basis of medical condition: _____

State the date of your child's last physical examination: _____

IT IS STRONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION PRIOR TO PARTICIPATION IN ANY SPORTS ACTIVITY.

(COMPLETE BACK OF FORM)

**Parental Permission and Acknowledgement of
Conditions for Participation in Program**

1. I/we, parent or authorized guardian of the child named above give permission for his/her participation in **(check all that apply)**: basketball cross country
 softball track & field volleyball cheerleading
and all related activities, including but not limited to transportation to and from games or practice sessions.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from CYO staff or adult volunteer leaders (coaches).
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any sport activity, whether or not caused by the negligence of parish, school, or CYO program employees, agents or volunteers or other participants.
4. I/we understand that children competing in athletic and recreational sports programs risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by teammates, other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities or the schools or parishes where sports activities are held, vehicle accidents while in transport or through the activity itself. Protective equipment used in a sports activity is not a safeguard against injury.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to participate in the sports activities of CYO, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in CYO sports activities or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any CYO sports activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

I have read this Agreement and understand everything written above.

_____ Date _____

Signature of Parent or Guardian

_____ Date _____

Signature of Parent or Guardian

Diocese of Oakland CYO • Concussion Information Sheet

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to or after hit or fall

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.
- **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and has received a written clearance to return to play from the health care provider.

LET YOUR CHILD'S COACH KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION!

Adapted from the CDC. For more information you can go to: <http://www.cdc.gov/ConcussionInYouthSports>

I have read and understand the information on the Oakland Diocese CYO Concussion Information Sheet:

Player Name Printed

Player Signature

Date

Parent or Legal Guardian Name Printed

Parent or Legal Guardian Signature

Date

Participation // Uniform // Payment - Form

Child's Name:

Child Participation – Circle One

Practice // Practice and Meets

Uniform Size – Check Appropriate Box, Use Sizing Chart for Guidance

	T-Shirt		Shorts	
	Unisex		Unisex	
Youth Small				
Youth Medium				
Youth Large				
	Male	Female	Male	Female
Adult Small				
Adult Medium				
Adult Large				

Youth (Unisex)			
	Small	Medium	Large
Chest Size (inches)	26-27	28-29	30-31
Waist Size (inches)	20-21	22-23	24-25
Women			
	Small	Medium	Large
Bust (inches)	30-32	34-36	38-40
Waist (inches)	26-28	29-30	31-33
Men			
	Small	Medium	Large
Chest (inches)	34-36	38-40	42-44
Waist (inches)	26-28	30-32	34-36

Payments

Three separate checks are needed as each check is for a different purpose and gets deposited in different accounts. For families with multiple kids, just three checks will work.

If child is only participating in practices then no volunteer deposit is required and no meet volunteer commitment is required. Also uniforms are not needed if the child is only participating in practices.

If your child is participating in the meets then the volunteer deposit is required. Your check will only be cashed if you do not fulfill the required volunteer commitment within the four practice meets and the relay meet.

Check # 1: Team Fee – \$ 100 per child (with uniform) / \$ 70 per child (without uniform)

Write Check To: **SJV CYO Track and Field Team**

Check # 2: End of Season Coach's Gift - \$ 20 per child

Write Check To: **Maria Castro – SJV End of Season Planner**

Check # 3: Meet Volunteer Deposit Fee - \$ 150 per child

Write Check To: **Andrew Abranches – SJV Team Coordinator**

Volunteer commitment

Coverage for 2 full meets, per child, if a family has more than one child in the program then it is 2 full meets for the first child and 1 meet for every additional child. ! Full meet goes from 8:30 – 2:00

Student Volunteers

A list of students interested in acting as volunteers will be provided to the parents. The parents will need to work with the students directly to ensure that the family volunteer commitment is covered. A suggested amount for covering one full meet of volunteer shifts is \$50.00.