

CYO ATHLETIC ELIGIBILITY FORM



PARISH TEAM _____

(Name Of Parish, Not League)

PLAYER INFORMATION (Please Print In Ink)

Last Name	First Name & Middle Initial	Date of Birth	Age
Street Address	City & Zip Code	Home Phone	
Parish of Registration (Leave blank if non-Catholic)		Student's School	Grade In School

PARENT INFORMATION (Please Print In Ink)

Father's First Name & Middle Initial	Last Name	Home Phone (if different)	Work Phone	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Father's Address (If Different Than Above)			If Catholic, Parish of Registration (if different)	
Mother's First Name & Middle Initial	Last Name	Home Phone (if different)	Work Phone	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Mother's Address (If Different Than Above)			If Catholic, Parish of Registration (if different)	

I do hereby give approval for my child to participate in the various athletic and other activities of the Catholic Youth Organization during the current school year and summer. I assume all risks and hazards incidental to my child's participation in any sport or other activity, including transportation to and from games, practices or any other events. I agree to indemnify and save harmless the Catholic Youth Organization, the Archdiocese of Indianapolis, the various parishes in the Archdiocese, the Archbishop and priests of the Archdiocese, volunteer coaches, and any other participating or sponsoring organization and all employees, officials, representatives and agents of such organizations or persons from all claims, lawsuits or action of any kind for any and all casualties, damages or losses incurred by me or resulting to my child by reason of participation in any activity sponsored by the Catholic Youth Organization. I further agree that no action will be brought by me on my behalf or on the behalf of my child for any loss or damages sustained by me or by my child by reason of participation in any activity sponsored by the Catholic Youth Organization.

Parent/Guardian Signature	Date
Pastor, Principal or Athletic Director's Signature	Date

CYO ATHLETIC PHYSICIAN'S CERTIFICATE - CHILD'S NAME: _____

All children in the grade school program must have this section completed by a licensed physician.)

Heart	Blood Pressure	Lungs	Back	Hernia	Extremities
General Physiological Condition				Other	
In my opinion, the above named child is physically capable of participation in CYO athletics:					
Physician's Signature				Date	

FOOTBALL WEIGH-IN INFORMATION (APPLICABLE TO CYO FOOTBALL PLAYERS ONLY)

Weight @ First Weigh-In	Date	Classification	Re-Weigh
Weight @ Second Weigh-In	Date	Classification	Re-Weigh
Weight @ Third Weigh-In (Playoffs)			

As a member of the family of agencies in the United Way of Central Indiana, know that your support through your workplace campaign is important.