

# CARDEGLE CROSS COUNTRY

(Please complete both sides of form)

FORT WAYNE C.Y.O.

Athletic Participation Consent and Release

(Please print or type)

\_\_\_\_\_  
(Last) (First) (Middle) Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Female: \_\_\_\_\_ Male: \_\_\_\_\_  
(Name of parent/guardian with whom student resides)

Name of School: St. Charles Borromeo Catholic School

## Part I: Student Consent [To be read and discussed by student and parent(s), & signed by student]

I have read, and understand the Student Athlete Responsibility and Eligibility rules and regulations of St. Charles School and the Catholic Youth Organization (CYO) as found in the Athletic Handbook. I do not know any reason, including any medical condition, but not limited to, that I could not be eligible to represent St. Charles School in athletics. If I am accepted as a representative (on a school team), I agree to follow the rules and regulations of St. Charles School and the CYO and to abide by their respective decisions concerning these rules and regulations. I know, appreciate and have discussed with my parent(s)/guardian(s) the risks and dangers involved in athletics generally, and in the particular sport to which I wish to participate. I know, and have discussed, with my parent(s)/guardian(s) that unexpected dangers may arise during my participation in school athletics and that I and my parent(s)/guardian(s) assume all risks of injury to my person and property that may be sustained by me or by my parent(s)/guardian(s) in connection with or in any way related to my participation in school athletics.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part II: Parent Consent & Release [To be completed & signed by (custodial) parent(s)/guardian(s)]

A. In accordance with the rules of St. Charles School and the CYO, I request that my child (hereinafter referred to as "participant") be permitted to participate in any of the following CYO sports: Cross Country, Cheerleading, Football, Basketball, Volleyball, Wrestling, Soccer, Track, Softball.

B. I understand that participation will likely necessitate travel, and I give my consent to have such transportation provided by St. Charles School and/or volunteers (such as parents and coaches).

C. I acknowledge that I, and the participant have read and understand the St. Charles Athletes' Code of Conduct and CYO Policies. I do not know of any reason, including medical reasons, but not limited to, that my child could not be eligible to represent St. Charles School in athletics.

D. I acknowledge that I, and the participant know and appreciate and have discussed the risks and dangers involved in the above described sports. We are assuming all risks of injury and damage in any way related to the participant's participation in the sport. I hereby release, discharge, and relinquish St. Charles School and Parish, the CYO, and the Diocese of Fort Wayne-South Bend and all their representatives, agents, officers, employees, coaches, volunteers, and officials of and from all claims, demands, actions, and causes of action of any sort for any injuries sustained by the participant and me, and from any damages to the participant child or my/our property.

E. I acknowledge that the participant has adequate family insurance coverage through: \_\_\_\_\_  
(Name of Insurance Company)

I have read & understand the foregoing consent and release form and the student athlete responsibility and eligibility rules of the school and CYO.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL \_\_\_\_\_

**T-SHIRT SIZE** YS YM YL AS AM AL XL (circle one)

(Parent's may also order T-shirts \$13 each)

(Also if enough interest we can get Hooded Sweatshirts with the Cardeggle CC logo for \$30. Indicate size ~~XL~~ AS AM AL XL) or YL (if available)

\*\*\* PLEASE USE BLACK OR BLUE INK ONLY \*\*\*

**SAINT CHARLES BORROMEO SCHOOL  
STUDENT ATHLETE EMERGENCY INFORMATION AND MEDICAL CARE FORM**

Student Athlete Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Grade: \_\_\_\_\_ Sports: \_\_\_\_\_

**PURPOSE** – To enable parents/guardians to authorize the provision of emergency treatment for children whom become ill or injured while under school authority, when parent/guardians cannot be reached.

**Emergency Contact Information**      Full Name(s) of Residential Parent(s) or Guardian(s):

Parent or Guardian #1: \_\_\_\_\_

Parent or Guardian #1: Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Parent or Guardian #2: \_\_\_\_\_

Parent or Guardian #2: Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Emergency Contact Other Than Parent/Guardians Above:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Facts Requiring Special Attention (drug or food allergies, medications, asthma, diabetes, etc.)

\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

**PART I or II MUST BE COMPLETED**

**PART I – TO GRANT CONSENT**

In the event of an emergency and that the emergency contacts cannot be contacted, I give my permission to Saint Charles School and its representatives to transport and seek medical evaluation/attention for Student listed above.

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

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

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**PART II – REFUSAL TO CONSENT**      (Do not complete this portion if PART I was completed.)

I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school authorities to take the following action:

\_\_\_\_\_

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