



Saint Andrew
Catholic Youth Organization
 81 Swamp Road • Newtown, PA 18940
 (215) 968-2262

- _____ Basketball
- _____ Cheerleading
- _____ Soccer
- _____ Track
- _____ Other _____

PHOTOS MAY BE TAKEN AND USED IN
 PARISH PUBLICATIONS OR AS PART OF A PRESS RELEASE.

PLAYER'S NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SCHOOL GRADE (during season): _____

GIRL: _____ BOY: _____

MOTHER'S NAME: _____ EMAIL: _____

FATHER'S NAME: _____ EMAIL: _____

EMERGENCY NAME: _____

EMERGENCY TELEPHONE: _____

PARISHIONER OF THE CHURCH OF ST. ANDREW (circle) YES NO

SCHOOL: _____

DUE TO INSURANCE REASONS, ALL PLAYERS MUST BE A PARISHIONER OF THE CHURCH OF ST. ANDREW OR A STUDENT OF THE ST. ANDREW SCHOOL. THERE WILL BE NO EXCEPTIONS.

A player who participates in St. Andrew's CYO Sports program CANNOT participate at the same time in any other school's Sports Program (Catholic or Public School). This rule applies to ALL SPORTS associated with the CYO. A member who participates in the Parish CYO Grade School Program and any other school's Sport Program will cause the CYO Team to be eliminated from all competitions with all games forfeited. We ask for your cooperation in this very important matter.

APPROVAL:

I/we, the parents of the aforementioned candidate for a position on St. Andrew's CYO Sports team, hereby give my/our approval to participate in any and all CYO Sports activities. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless St. Andrew's CYO Sports, St. Andrew's Church and School, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for other cause, except to the extent and in the amount covered by accident or liability insurance.

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize the CYO to send my child to a physician or hospital and authorize the necessary treatment. Medical data we should know: _____

PARENT'S SIGNATURE: _____

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FOR CYO USE ONLY

FEE THIS FORM _____ TOTAL FEE PAID _____ CHECK # _____ CASH _____

CYO REPRESENTATIVE _____ DATE: _____

PRIEST MODERATOR APPROVAL _____

PARENT'S/GUARDIAN PERMISSION FORM
PLAYERS, VOLUNTEERS, COACHES & MANAGERS
RELEASE OF LIABILITY and HOLD HARMLESS AGREEMENT

CHURCH OF ST. ANDREW

(Please print Family name)

We (I) the parents or legal guardian of _____
(names of all family members participating)
give permission to participate for the _____ school year in all the sport/activities, which our child has been registered, including all meetings, tryouts, practices, scrimmage games, or other related programs or events and any, travel to and from such CYO related activities.

Recognizing that injury may occur in any sport/activity, and that such injury may be serious of even life threatening, We (I) hereby assume all risks in full for our child's participation in the sport/activity as a player, volunteer, coach or manager, and with full knowledge of the risks inherent in such sports/activities, and in return for consideration of the privilege to participate or use the facilities or fields associated with the sports/activity, release and hold harmless the Church of St. Andrew, the Archbishop of Philadelphia and his successors and assigns, the Archdiocese of Philadelphia, and its priest, religious, employees, agents, administrators, other officials representatives, and volunteers; involved in sponsoring, organizing or aiding in the sport/activity, from any and all claims, demands, causes of action, damages, liabilities, losses or expenses, whether direct or indirect, for any and all personal injury, bodily injury and/or property damage arising from my as well as my child's participation in the sport/activity, or as a spectator, or from the use of the facility or fields associated with the sport/activity to include any and all meetings, tryouts, practices, scrimmages, games, or other related programs or events including travel to and from such activities, whether provided by myself or any person associated with the sport/activity, and agree to assume full responsibility for such injury or illness,

Notwithstanding the foregoing, We (I) understand that I may receive payment for medical expenses resulting from such accidental injury or illness under the Student/Athletic Accident Program or Volunteer Program for all St. Andrew parish, CYO, or Archdiocesan student/athletes, and all volunteers, coaches, sports team managers and trainers or other similar assistants (excluding non-student players) for the sport/activity as may be described in the respective accident programs, and We (I) understand that such payments will be the only payments We (I) will receive for any and all such accidental injury or illness.

We (I) understand that this agreement is for the duration of the _____ sports/activity season. We (I) understand and agree to abide by all rules and regulations established by the sponsoring sports or athletic or St. Andrew Parish organization, pertaining to the sport/activity or the use of the associated facilities/fields and agree that such rules and regulations are incorporated herein as a part of this Agreement,

We (I) have read this document completely, We (I) understand its contents and their significance, and We (I) are/am freely and willingly signing this agreement.

(Child/Participant)

(Date)

(Parent/Guardian)

(Date)

Please Note: This form must be signed by the participant as well as the parent(s)/legal guardian and submitted to your coach before being permitted to participate in the sport/activity.