

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 Medication

Sport Restrictions -List _____

Other -Describe _____

HAVE DIFFICULTY WITH (CHECK IF YES):

Eyes, Ears, Nose, Throat Digestion

Lungs Menstrual problems

Any condition now requiring medication? _____ Name of Medication _____

Any restriction of activity for medical reasons? _____ Explain _____

**IT IS STONGLY RECOMMENDED THAT EACH CHILD HAVE A PHYSICAL EXAMINATION
PRIOR TO SPORTS PARTICIPATION.**

RISK OF INJURY

The CYO program would like to advise you that persons competing in athletic programs risk minor, serious or permanent injury to themselves or to others. Such 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, but 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/she has read or had this information explained to him/her.

Signature of Parent/Guardian _____ Date _____

Signature of Participant _____ Date _____

THIS FORM MUST BE AVAILABLE AT ALL CYO ACTIVITIES