

## CYO ATHLETICS HEALTH HISTORY FORM 2017-2018

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone (with area code) \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Grade in September 2017: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Is there anyone your child should NOT be released to? \_\_\_\_\_

**Health History:** Please list any medical conditions that might affect your son/daughter from participating in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation.

**Emergency Contact: (If parent is not available)**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone (with area code) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Health Insurance Co: \_\_\_\_\_  
 Policy #: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_  
 Physician's Phone: ( ) \_\_\_\_\_  
 Any allergies or special needs/concerns/dietary restrictions, health concerns: \_\_\_\_\_  
 Any medications (prescription and/or non prescription) currently taking—include dosage: \_\_\_\_\_

**Release Statement:** I give permission for my child to be transported in a privately owned vehicle or emergency transportation for medical emergencies and/or for the release of medical records to an attending health care professional in case of injury or illness. I understand that every effort will be made to contact the parent or guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child.

I certify that my child is in good physical health and has no limitations other than those I have listed, which may predispose him/her to risk during the program.

My signature confirms that I have read the CYO Athletics philosophy and I give my permission for my child to participate in the program and for the Athletic Director and /or Coach to have a copy in his/her records.

I hereby release the Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and the parish sponsor, from any and all liability for any damages suffered as a result of or relating to my child's participation in the CYO program. CYO Athletics is not responsible for lost or theft of personal or team articles.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Diocese of Rochester/CYO Athletics – Media Release**

I give permission for the Diocese of Rochester to make use of pictures of my son/daughter for informational/advertising purposes only. Please check one of the following boxes:

- In conjunction with the photographs, slide, audiotape or videotape, I also give my permission for the Diocese of Rochester—CYO Athletics to identify the person(s) either verbally or in writing.
- I request no identifiable information pertaining to the above-named person(s) be used in conjunction with the photograph, slide, audiotape or videotape.

It is my understanding that this photograph, slide, audiotape, videotape or verbal written material will be used for Diocese of Rochester/CYO Athletics public relations purposes.

I hereby release Diocese of Rochester and all of its affiliated entities, including its employees, volunteers and the parish sponsor for any and all liability for any damages suffered as a result of or relating to the use of any photographs, slide, audiotape, or videotape of my child done in accordance with the foregoing.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_