SAMPLE C.Y.A.A. SPORTS PERMISSION FORM

Name of School

I/We, the parent(s)/guardian(s) of _____ request
Name of child

that the school allow my child to participate in the C.Y.A.A. after school sports program at St Catherine of Siena School. I understand that this will include travel to other schools on an activity bus. Also due to league fees, update of uniforms and the cost of officials each participant will have to pay $10.00 per sport. This fee should be paid before the first game or arrangements made with the office or coach. This is non-refundable to those who drop out of the program, those who are suspended, and those who are academically ineligible due to grades or conduct. The participants are responsible for the uniforms and maintaining the condition in which they were given. If lost or damaged an additional $25.00 will be charged.

We hereby release and save harmless St Catherine of Siena School or any and all of its employees from any and all liability for any harm arising to my/our son/daughter as a result of participating in the C.Y.A.A. after school sports.

Sincerely,

_____ _____ _____
Parent/Guardian Signature Date Daytime phone

Check Sports for participation:
Boys: _____Flag Football _____Basketball _____Baseball

Girls: _____Volleyball _____Softball _____Basketball

_____Cheerleading

In case of an emergency please contact _____
at _____.

SAMPLE PARENT/STUDENT SIGN OFF

St. Catherine of Siena
Name of School

24-25
School Year

I/We have read the philosophy, roles, rules and regulations contained in the parent/student handbook regarding the Catholic Youth Athletic Association (C.Y.A.A.).

I/We agree to abide by these and all policies approved by the school and the Diocese of Phoenix for students attending St. Catherine of Siena School.

Student Signature_____ Date_____

Parent Signature_____ Date_____

SAMPLE CONSENT FOR EMERGENCY CARE

St. Catherine of Siena
Name of School

Student_____ Grade_____

BE IT KNOWN that I, the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility.

DATED the _____day of _____, 20_____

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Family Physician_____

Insurance Carrier_____ Policy/Group #_____

Home Address_____

Home Phone_____

Father's Work Phone_____

Mother's Work Phone_____

SAMPLE ATHLETIC MEDICAL AUTHORIZATION

Please Print: (Last Name) (First Name) (Initial)

Grade_____

Birthdate_____

Eyes R_____ L_____ Glasses_____ Hearing R_____ L_____ Height_____ Weight_____

Ear, Nose, Throat_____

Lungs_____

Urinalysis_____ Diabetes_____ Pulse_____

Blood Pressure and Heart_____ Heart Murmur_____

Deformities or present illness_____ Prosthesis_____

Hernia evidence_____ Concussion_____ Epilepsy_____ Other_____

Would athletic competition be injurious?_____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

_____ _____

Date Signature of Examining Physician

Health History

_____allergy to bee sting
_____anemia
_____arthritis
_____asthma
_____concussion
_____diabetes
_____eczema
_____emotional problems
_____epilepsy
_____fainting
_____heart murmur
_____hepatitis
_____hernia
_____hives
_____kidney trouble
_____migraine headaches
_____pneumonia
_____rheumatic fever
_____other
_____

operations:_____
(Include year)

fractures:_____
(Include year)

To which drugs is the student allergic?_____

If student is now under medical treatment list reason and attending doctor:

_____

_____

Roman Catholic Diocese of Phoenix

HEALTH AND EMERGENCY INFORMATION FORM 24-25 (School Year)

Appendix B

St. Catherine of Siena

[School]

Student's Name	Date of Birth	Grade/Room	M F Sex
Student's Address	City, State, Zip		
Mother's/Legal Guardian's Name		Father's/Legal Guardian's Name	
( ) Daytime Phone	( ) Cell Phone	( ) Daytime Phone	( ) Cell Phone
Address (if different from Student's)		Address (if different from Student's)	

Alternative Emergency Contacts – If Parents Cannot be Reached

Primary Emergency Contact		Secondary Emergency Contact	
( ) Daytime Phone	( ) Cell Phone	( ) Daytime Phone	( ) Cell Phone

Student Health & Medical Information

Physician's Name	Phone Number
Dentist's Name	Phone Number
Name & Address of Preferred Hospital (if any)	Phone Number
Insurance Company	Group & Policy Number
Student's Allergies	Medications Student Takes Regularly

Special Health Considerations:

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my student. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the Student to be given medical care by the doctor or hospital selected by the School. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill. I authorize the School to release medical information about my student to his/her care provider. I authorize the School to release care and custody of my student to the emergency contacts listed above. It is understood that the consent and authorization given hereby are continuing and apply throughout the current school year. It is further understood that insurance or parent of student will pay any expenses incurred. Payment of such expenses is not a school responsibility.

Signature of Parent/Legal Guardian

Date