

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's 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 \$40.00 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's School 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

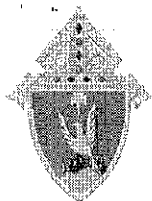
_____ allergy to bee sting	_____ heart murmur
_____ anemia	_____ hepatitis
_____ arthritis	_____ hernia
_____ asthma	_____ hives
_____ concussion	_____ kidney trouble
_____ diabetes	_____ migraine headaches
_____ eczema	_____ pneumonia
_____ emotional problems	_____ rheumatic fever
_____ epilepsy	_____ other
_____ fainting	_____

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]

M F

Student's Name

Date of Birth

Grade/Room

Sex

Student's Address

City, State, Zip

Mother's/Legal Guardian's Name

Father's/Legal Guardian's Name

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()

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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. 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