

ARCHDIOCESE OF BOSTON
CYO ATHLETICS
PARENTAL PERMISSION FORM

Name of Participant _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone _____

Parish _____

INSURANCE INFORMATION

Family Health Insurance Co. _____ Policy Number _____

Family Physician or Clinic _____ Phone _____

PARENTAL RELEASE

In signing this form, I hereby certify that the above information is correct and give permission for my child to be transported to and from basketball games and for the release of medical records to an attending physician in case of injury or illness.

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event that I cannot be reached, I hereby give permission to the physician attending my child to hospitalize, secure proper and necessary treatment for my son/daughter, as named herein.

I hereby agree that no liability is assumed by the Archdiocese of Boston, the parish, or the coaching staff for injuries which are inflicted by a participant or a third party during a contest or during travel to and from the games.

Signature of Parent or Guardian _____

Date _____ Home Phone _____ Work Phone _____

In Emergency Call: _____