CATHOLIC YOUTH MINISTRY – DIOCESE OF ALLENTOWN
(district copy)

PARISH _____

I hereby give permission for my child _____,
birthday _____, to participate in CYO sports programs and/or activities.
I am aware that Diocesan regulations require that all boys and girls be covered by life, accident, and hospitalization insurance (major medical preferred) at their own expense and certify that my child is properly covered. I release the Parish and it's representatives of all responsibility, and certify that my child is physically able to participate in the CYO program with the exception of limits noted on the reverse side of this form. I hereby give permission for any emergency medical treatment that might be needed by my child while participating in the CYO sports programs and/or activities.

Hospital Plan _____ Number _____

Signature of parent/guardian _____

Address: _____ _____
street address city/ state, zip code

Telephone: _____

Required Medications: _____

Allergies: _____

CATHOLIC YOUTH MINISTRY – DIOCESE OF ALLENTOWN
(coach's copy)

PARISH _____

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