



# NORTHWEST INDIANA CYO REGISTRATION

(This form is valid for twelve (12) months from date.)

NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL PLAYING FOR \_\_\_\_\_ GRADE \_\_\_\_\_ CHURCH/RELIGION \_\_\_\_\_

RELIGIOUS EDUCATION/FAITH FORMATION ATTENDING IF DIFFERENT FROM SCHOOL PLAYING FOR \_\_\_\_\_

In order to satisfy required statistical information for grant approval, please indicate *ethnicity*.

African/American \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Caucasion \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Other \_\_\_\_\_

SPORTS PLAYING (please circle all involved in) Cross Country Soccer Volleyball Basketball Cheerleading Track

This form must be filled out, signed by parent/guardian and returned to child's coach or Athletic Director, who is then responsible for the return of this form to the CYO office. **Your child is not allowed to participate in practices or games until this form is on file at the CYO office.** Only one registration form is required for each school year. A copy of a current year Camp Lawrence physical is valid for the current year CYO sports season.

### RELEASE AND WAIVER OF RESPONSIBILITY

**Individuals participating in public school sports may not participate in comparable CYO sports. Therefore, if an athlete makes their public school team, they are not eligible for the CYO team at any time during the season.** Failure to abide by this policy may result in removal of my child from the team and the team's forfeiture of the season.

I, hereby, (for myself, my heirs, executors and administrators) waive and release any and all rights and claims for all loss and/or damages I may have against the CYO, the above named church/school, the Diocese of Gary, the school, city or town in which an event is contested, their representatives, successors and assigns, for any and all injuries suffered by me in said event. I also give my permission for the free use of my child's name and/or picture in any broadcast, telecast, or other account of CYO events.

I give permission for my child's school to send a copy of my child's physical to the Diocese of Gary CYO Office if requested.

Printed name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian) (Parent/Guardian)

## CYO PHYSICAL EXAMINATION VOUCHER

(Valid for twelve (12) months from physician's date)

Name \_\_\_\_\_ School child is playing for: \_\_\_\_\_  
(Last) (First) (M)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_/\_\_\_\_ Pulse \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

	NORMAL	ABNORMAL FINDINGS
HEART		
LUNGS		
SKIN		
HERNIA		
URINE		

I hereby certify that this athlete was examined by me. At this time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except: \_\_\_\_\_  
(If none, please state 'NONE')

Physician \_\_\_\_\_ Date of exam \_\_\_\_\_  
(Signature or stamp) (Must have current date to be valid)

**TURN OVER**

CONCUSSION AND SUDDEN CARDIAC ARREST  
ACKNOWLEDGEMENT AND SIGNATURE FORM  
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport Participating in (if known) \_\_\_\_\_ Date: \_\_\_\_\_

School Participating with: \_\_\_\_\_ Grade: \_\_\_\_\_

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian – please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
(Signature of Student Athlete)

\_\_\_\_\_  
(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**TURN OVER**

Please complete one registration form per student. If participating in multiple sports, one check may be submitted for fees. Registration, Physical forms and Payment due no later May 31<sup>st</sup>, 2017.

Player Name <i>(please print)</i>
Parent / Guardian Name <i>(please print)</i>

### CO-ED SOCCER REGISTRATION FEES FALL 2017:

Registration Fee:	\$55	\$
Please circle one:		
5th Grade Boy   5th Grade Girl   6th Grade Boy   6th Grade Girl		
7th Grade Boy   7th Grade Girl   8th Grade Boy   8th Grade Girl		
Uniform Fees: (Deposit refundable upon return)	\$35	\$
<b>NO LATE REGISTRATIONS WILL BE ACCEPTED</b>		
TOTAL REGISTRATION FEES DUE:	////////////////////	\$
TOTAL PAID: CHECK # _____ (Make check payable to: ST. PATRICK IRISH ATHLETIC)		\$

### GIRLS VOLLEYBALL REGISTRATION FEES FALL 2017:

Registration Fee:	\$55	\$
Please circle one:		
5th Grade   6th Grade   7th Grade   8th Grade		
Uniform Fees: (Deposit refundable upon return)	\$35	\$
<b>NO LATE REGISTRATIONS WILL BE ACCEPTED</b>		
TOTAL REGISTRATION FEES DUE:	////////////////////	\$
TOTAL PAID: CHECK # _____ (Make check payable to: ST. PATRICK IRISH ATHLETIC)		\$

### CO-ED CROSS COUNTRY REGISTRATION FEES FALL 2017:

Registration Fee:	\$25	\$
Uniform Fees: (Not a deposit – purchasing uniform)	\$20	\$
<b>NO LATE REGISTRATIONS WILL BE ACCEPTED</b>		
TOTAL REGISTRATION FEES DUE:	////////////////////	\$
TOTAL PAID: CHECK # _____ (Make check payable to: ST. PATRICK IRISH ATHLETIC)		\$

# IRISH ATHLETICS

## ***Code of Conduct for Parents/Spectators***

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IRISH ATHLETICS on behalf of St. Patrick School, St. Patrick Parish, the Diocese of Gary (“IRISH ATHLETICS”) is committed to delivering a quality youth sport programs. We all know that children’s sports are supposed to be fun and a positive experience for the children involved. Unfortunately, there are some parents, fans, and coaches who don’t realize how their behaviors and words can impact the kids and take the fun out of the game. For this reason, IRISH ATHLETICS has adopted the following Code of Conduct for parents and spectators to abide by during any sporting event. By signing your child’s registration form, you are acknowledging your support of this policy.

- I will remember that children participate in sports to have fun and youth soccer is for the kids, not the parents and coaches.
- I will be my child’s best fan and praise my child for competing fairly and trying his/her best.
- I will teach my child that doing one’s best is more important than winning so that my child will never feel defeated by the outcome of a game or his/her individual performance.
- I will de-emphasize competition and “winning” at lower age groups.
- I will never ridicule or yell at my child or another player for making a mistake or losing a competition.
- I will be mindful of “lopsided” games where cheering our own “winning” team might be misunderstood by the opponent.
- I will refrain from coaching my child or other players from the sidelines during the game unless I am one of the official coaches of the team. *Coaching from the sidelines distracts the players and prevents them from learning to make their own decisions on the field.*
- I will respect the coaches and their authority during practices and games. I will refrain from criticizing or confronting coaches in front of my child or other parents. *If you are unhappy with a coach, you should arrange to discuss the issue with the coach at an appropriate time and place, or contact someone from the school’s Athletic Department or school Principal.*
- I will make every effort to have my child arrive on time for team practices and games and to arrive prepared to play. If I am not in attendance, I will make every effort to promptly pick up my child or make arrangements for his/her safe return home.
- I will respect the officials and their authority at all times before, during and after games. I will be tolerant of the official’s calls whether I agree with them or not. *Complaints against an official may be reported to the Athletic Department or school Principal for follow up.*
- During the course of a game, I will not enter the field of play without the permission of the referee.
- While attending any school events, I will model good sportsmanship by showing respect for my child’s teammates and fellow parents as well as the players, parents, and coaches from opposing teams. I will NOT use inappropriate or foul language or gestures. I will NOT criticize or engage in disparaging dialogue or taunting behavior.
- Coaches and team parents are collectively responsible for the behavior of their team’s spectators.
- Facebook is for use of IRISH ATHLETICS communication with its members. We reserve the right to remove any post or members who do not cooperate with the intent of its purpose.

Any member of the Athletic Department, Irish Athletic Coaches, school Principal may ask any coach or spectator not abiding by these rules during an event to leave the area. Failure to abide by these rules may also result in dismissal from the Irish Athletic sports program.

**IRISH ATHLETICS**

**Waiver & Release Agreement**

**THIS IS A WAIVER & RELEASE AGREEMENT FOR  
IRISH ATHLETICS & CYO &  
ST. PATRICK SCHOOL & ST. PATRICK PARISH & THE DIOCESE Of GARY  
FOR WHICH IRISH ATHLETICS ACTIVITIES AT ANY LOCATION WILL BE HELD.  
THIS IS A WAIVER & RELEASE OF ALL CLAIMS.**

Please read this form carefully and be aware that in signing up and participating in IRISH ATHLETIC program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

**THIS IS A RELEASE**

"As the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which the participant may sustain as a result of participating in any and all activities connected with or associated with such program. I further acknowledge the Concussion Policy in place by CYO, IRISH ATHLETICS and state of Indiana and agree to adhere to the policy set forth."

"As the parent/guardian of a participant in this program I agree to waive and relinquish all claims against the above named entities and its officers, agents, and employees that I or the participant may have as a result of participating in the program."

"As the parent/guardian of a participant in this program I do hereby fully release and discharge the above named entities and its officers, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or the participant may have or which may accrue to me or the participant on account of participation in the program."

"As the parent/guardian of a participant in this program I further agree to indemnify and hold harmless and defend the above named entities and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by the participant and arising out of, connected with, or in any way associated with the activities of the program."

"As the parent/guardian of a participant in this program I further authorize IRISH ATHLETICS to publish the photographs taken of participant for use in the organization's printed publications, social media and website . I release IRISH ATHLETICS , its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

I have read and fully understand the above agreement.

Player Name <i>(please print)</i>	XX
Parent / Guardian Name <i>(please print)</i>	Parent / Guardian Signature

**IRISH ATHLETICS**  
**PARENTAL PERMISSION & MEDICAL RELEASE**

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Player's Name \_\_\_\_\_

	<i>Parent/Guardian #1</i>	<i>Parent/Guardian #2</i>	<i>Other Emergency Contact (Optional)</i>
Name			
Relationship to Player			
Primary Phone <i>(Home or Cell)</i>			
Secondary Phone <i>(Home or Cell)</i>			
Address <i>(Street, City)</i>			
Email Address			

My child, \_\_\_\_\_, has my permission to participate in the activities of IRISH ATHLETICS including practices, games and transportation to and from said activities by individuals affiliated with the IRISH ATHLETICS . He/she is in good physical condition and has not had any serious illness or operation since his/her last health examination. I acknowledge, understand and agree to the Concussion Policy.

Furthermore, if I or the designated emergency contact cannot be reached in the event of an emergency, I authorize the Coach or his/her representative to act on my behalf. I give my permission for my child to be treated in a hospital or convenience center in case of an emergency. I hereby agree to save harmless and indemnify IRISH ATHLETICS and the above named person(s) from any and all expenses arising out of treatment in said hospital or convenience center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate any allergies, medications, disabilities, special concerns and/or health restrictions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Date of Last Physical Exam \_\_\_\_\_