

DIOCESE OF NORWICH
MEDICAL CONSENT & CODE OF CONDUCT



GRADE _____ Sex _____ Weight _____ Height _____
Sport _____
Last Name _____ First Name _____
Address _____
City: _____ State: _____ Zip: _____
Home Phone _____ Cell Phone _____
Grade _____ Date of Birth _____
Parish _____ School _____

- I. **PARENT AND ATHLETE-** As parent, I understand that participation in athletics involves the possibility of a serious or even fatal injury. In consideration for our child's opportunity to participate in this program, we, the parents, individually and on behalf of our child, expressly assume any and all risks associated with and arising from such participation, including, but not limited to bodily and emotional injury, at practice, competitive events, and any other related activity, including transportation to and from any event by a volunteer. We hereby release the Diocese of Norwich, any parish and/or school sponsor and all of their agents from any and all liability for any such injury or damage. We have provided the required Emergency Medical Authorization to the coach with this Contract. We will abide by school/Diocese rules, the Parents' Code of Ethics and the direction of the game officials. We also grant permission to the Diocese of Norwich or their agents to take photographs of my children and use them as they deem necessary. signed

_____ Signature _____ Date

Mother's Name: _____ Father's Name: _____
Mother's cell phone: _____ Father's Cell Phone: _____
Mother's e-mail: _____ Father's e-mail: _____

II. MEDICAL CONSENT

List all conditions (such as allergies, seizures) for which your child requires ongoing medication and state the type of medication given: _____

Has your child had difficulty with the following (check all that apply):

- Asthma Fainting Spells Convulsions Diabetes Heart Eyes
Ears Nose Throat Lungs Digestion
Menstrual Problems Other _____

List any physical restriction or restriction for any sport activity on the basis of medical condition: _____

PHYSICIAN'S NAME _____

The above named athlete has been examined by the undersigned on _____ and is in sound physical condition to compete in the Athletic Program.

Last Date of examination _____ (Must be within a year)

_____ Physician's Signature _____ Date

III. PARENTS' CODE OF ETHICS

- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will demonstrate the Christian values of self-restraint, fair play, and sportsmanship in my treatment of others at every game, practice session, or other sports event.
- I will ask my child to treat all players, coaches, fans, and officials with respect regardless of race, sex, or ability.
- I will demand a drug, alcohol, tobacco and weapon-free sports environment for my child and agree to assist by refraining from their possession and/or use at all Sports events.
- I will do my best to make my child's involvement with youth sports a positive experience, while always remembering that the game is for the youth, not the adults. I will refrain from interfering with the other team's play as this is a time of learning.

I have read the above "Code of Ethics" and understand that my (our) failure to uphold any of these statements may lead to disciplinary action by the school, parish and Diocese of Norwich, which may include, but is not limited to, the forfeiture of my right to watch my child participate in athletic events.

_____ Parent's Signature _____ Date

_____ Parent's Signature _____ Date



Athletics

**Catholic Youth Organization Parental/Guardian
Consent and Assumption of Risk Form
2018-2019**

Participant's Name: _____ Date of Birth: _____ Gender: _____

Parent/Gaurdian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

I, _____, grant permission for my child _____
(Parent/Gaurdian's Name) (Child's Name)

To participate in all parish/school Catholic Youth Organization (CYO) Competitive Sports Activlties that may require transportation to a location away from the parish or school site. These activities will take place under the guidance of direction of parish/school employees and/or volunteers from _____.

(Name of Parish or School)

At parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend _____, its officers, directors and agents, and the Roman

(Name of Parish or School)

Catholic Diocese of Norwich, the Office of Faith Events, and the Catholic Youth Organization, its coaches, chaperones, or any representatives associated with these athletic events from activities or arising from or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith. I agree to compensate the parish or school, its officers, directors and agents and the Catholic Diocese of Norwich, the Office off Faith Events, the Catholic Youth Organization and the coaches, chaperones or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

The undersigned specifically acknowledge that a risk of injury exists and assume said risk with respect to practicing for or participating in any contest or exhibition of an athletic sports matter sponsored by the Catholic Youth Organization or Diocese of Norwich.

Signature: _____ Date: _____
(Parent / Guardian)