

Hamilton C.Y.O. "Green Card" Release Form

DATE: _____

PLAYER NAME: _____ No. _____ Wt. _____
(Last Name) (First Name)

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE: _____ PARISH: _____

NAME OF SCHOOL: _____
(Grade)

AGE: _____ DATE OF BIRTH: _____

I hereby state that all of the statements on this entire form are true and correct to the best of my ability. Further, I realize that I may be excluded from CYO activity for misrepresentation of the facts on this card, as well as for continued misbehavior.

(Signature of Player)

INDICATE ANY PHYSICAL CONDITION OF WHICH THE COACHES AND OTHER ADULTS SHOULD BE AWARE OF CONCERNING YOUR ATHLETE:

We the undersigned parent(s) of: _____

whose date of birth is _____, give him/her

permission to play _____ with the
(Name of Sport)

Catholic YOUTH Organization (C.Y.O) and we release the C.Y.O. from any and all liability that may arise because of any injuries sustained during a C.Y.O. activity.

As a parent/legal guardian of a child involved in a C.Y.O. sport, I agree to treat all players, coaches, officials, and other spectators with dignity and respect, in my language, attitude, behavior, and mannerisms, and will demand that my child do the same.

(Mother's Signature)

(Father's Signature)