

Crusader Youth Activity Association – (C.Y.A.A)
Sports Registration Form
and
Diocese of Harrisburg – Office for Youth and Young Adult Ministry
PARENTAL PERMISSION AND CONSENT TO TREAT

Participant's Name: _____ New _____ Returning _____

Birth date: ____ / ____ / ____ Age _____ Grade _____ Male _____ Female _____

Address _____

_____, PA 17 _____ Email Address: _____

Parish: _____ School: _____ CCD: _____

Parent/Guardian's Name: _____

Home Address: (if different from above) _____

Home Phone: _____ Work Phone: _____

I, _____ grant permission for

(Name of parent or guardian) _____ to participate in _____ during the 2011/2012 season.

(name of child) (Sport or Activity)

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the C.Y.A.A. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth trip or event involves the risk of injury. I hereby grant consent for the coach, chaperone, and/or adult volunteer under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire youth trip/event including any necessary transportation, if provided by the coach, chaperone, or adult volunteer. I release and hold harmless any said coach, chaperone, or adult volunteer, from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, the place where the event is conducted, the group sponsoring the event, C.Y.A.A., nor any person or affiliate organization associated with the event responsible or liable. In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____

Phone: _____ Additional Phones: _____

Family Physician: _____ Phone: _____

Allergic reactions (medications, food, insects, etc) Medication(s) currently being taken

My child has special medical/mental conditions: Yes _____ No _____ (If yes, please describe on reverse side of form)

Insurance Company: _____ Policy Number: _____

Signature: _____ Date: ____ / ____ / ____

Relationship to Participant: _____

*****Mail the form with the \$60 registration fee to the appropriate coordinator.*****

For basketball/cheerleading it is: Pat Henry, 730 Bluegrass Rd, Lanc PA 17601 (717-519-2462) **(\$60 registration fee)**