

**DIOCESE OF GREENSBURG**  
**CYO CONSENT FORM**  
 (Revised, September 2017)

**PARENT SECTION**

ATHLETE'S NAME \_\_\_\_\_ BIRTH DATE (MM/DD/YY) \_\_\_\_\_

SPORT \_\_\_\_\_ SCHOOL/PARISH \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARISH REGISTRATION \_\_\_\_\_ CITY \_\_\_\_\_

Does your child have asthma: Y N Does your child have allergies: Y N If yes, please list: \_\_\_\_\_

Please list any other medical issues: \_\_\_\_\_

**PARENT CONSENT:**

My daughter/son has my permission to participate in competitive sports in the Diocese of Greensburg CYO Programs. I do hereby release and forever discharge the above mentioned team, and/or parish/school/athletic association or their successors from any/all actions or suits in law or equity which I might hereafter have by reasons of injuries sustained by my child participating in sports or in transit to or from participation in sports. I also understand that it is my responsibility to determine my child's physical and mental readiness to participate in the Diocese of Greensburg Youth Ministry Athletic Program for this season. By signing this form we agree to abide by the Handbook of Policies, Rules and Regulations of the Diocese of Greensburg, which has been distributed to each program.

PRINT NAME OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**PHYSICIAN SECTION**

An authorized medical examiner must certify on this Consent Form as to the athlete's fitness to participate in the particular sport(s) involved. A Consent Form may be completed no earlier than June 1st; and, regardless of when completed during the school year, remains effective only until the next May 31<sup>st</sup>.

I certify that I find, to a reasonable degree of medical certainty that the athlete is physically able to participate in the athletic program named above.

Signature of Licensed Physician \_\_\_\_\_ Date \_\_\_\_\_

Address of Physician \_\_\_\_\_ Phone \_\_\_\_\_

(Parent and Physician): Are there any physical or other restrictive limitation which the team, league, and diocese should be aware of which might restrict the athlete's participation in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify: \_\_\_\_\_

**ADMINISTRATIVE SECTION**

PRINCIPAL'S SIGNATURE (if attending Catholic school): \_\_\_\_\_

PASTOR/PAROCHIAL VICAR SIGNATURE: \_\_\_\_\_

( if parishioner, pastor must validate participation in CCD program.)

**INCOMPLETE FORMS WILL BE RETURNED TO THE PARENT/GUARDIAN. THE ATHLETE WILL BE INELIGIBLE UNTIL THE FORM IS RECEIVED COMPLETED.**



## **Athlete/Parent/Guardian Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form**

### **What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### **How common is sudden cardiac arrest in the United States?**

There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year.

### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness
- lightheadedness
- shortness of breath
- difficulty breathing
- racing or fluttering heartbeat (palpitations)
- syncope (fainting)
- fatigue (extreme tiredness)
- weakness
- nausea
- vomiting
- chest pains

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it.

### **Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)**

The Act is intended to keep student-athletes safe while practicing or playing. The requirements of the Act are:

#### *Information about SCA symptoms and warning signs.*

- Every student-athlete and their parent or guardian must read and sign this form. It must be returned to the school before participation in any athletic activity. A new form must be signed and returned each school year.
- Schools may *also* hold informational meetings. The meetings can occur before each athletic season. Meetings may include student-athletes, parents, coaches and school officials. Schools may also want to include doctors, nurses and athletic trainers.

*Removal from play/return to play*

- Any student-athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed and understand the symptoms and warning signs of SCA.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date



# Player Code of Conduct

As an individual:

- I will develop my skills to the best of my ability and give my best effort in practice and competition.
- I will compete within the spirit and the letter of the rules of my sport, showing good sportsmanship and respect for the game officials.
- I will respect the dignity of every human being, and will not be abusive or dehumanizing of another individual

As a member of the team:

- I will place team goals ahead of personal goals
- I will be a positive influence on the relationships on the team
- I will follow the team rules established by the coach
- I will conduct myself in ways that are consistent with the teachings of the Catholic Church.

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Player Signature

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Player Name (Printed)

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Date

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School or Parish Name



# Parent Code of Conduct

Parent/guardian agrees:

- To remember that the players are children and they are playing for their enjoyment.
- To conduct her/himself in ways that are consistent with the teachings of the Catholic Church.
- To remain seated in the spectator area during the games and to not coach her/his child or other players during games and practices unless as one of the official coaches of the team.
- To refrain from confronting coaches at games; rather, speak to the coach at an agreed upon time and place.
- To refrain from confronting the players at any time.
- To be a positive role model and encourage good sportsmanship by showing respect and courtesy, and demonstrating positive support for all players, coaches, officials, and spectators at every sporting event.
- To refrain from making derogatory comments about/or to players, coaches, parents of the opposing team, or officials.
- To learn the rules of the game and the policies of the program.
- To refrain from using alcohol, tobacco and other drugs at all sporting events.
- To praise children for competing fairly and trying her/his best.

As the parent/guardian of a child participating in the CYO Athletics Program in the Diocese of Greensburg, I certify that I have received a copy of the CYO Handbook (either hard copy or via electronic copy) and agree to adhere to the Parent Code of Conduct.

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

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School or Parish Name

## UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

**What is a concussion?** A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

### **What are the symptoms of a concussion?**

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- |                                  |  |
|----------------------------------|--|
| • Headache or "pressure" in head | • Feeling sluggish, hazy, foggy, or groggy |
| • Nausea or vomiting             | • Difficulty paying attention              |
| • Balance problems or dizziness  | • Memory problems                          |
| • Double or blurry vision        | • Confusion                                |
|                                  | • Bothered by light or noise               |

### **What should students do if they believe that they or someone else may have a concussion?**

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.**

Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.

- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:  
The right equipment for the sport, position, or activity; Worn correctly and the correct size and fit; and used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Christ the Divine Teacher Athletic Association Information Card

7.7

Circle the appropriate sport:    Girls Basketball                      Cheerleading                      Boys Basketball  
   Volleyball                      Judo                      Instructional K-3

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell \_\_\_\_\_

Home Phone \_\_\_\_\_

In case of emergency (other than parents)

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

Allergies \_\_\_\_\_

Medical conditions coach should be aware of \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby give permission for my child to receive any necessary medical treatment in the event that I cannot be reached.

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

## EXHIBIT 2

**GYM LIABILITY WAIVER AND RELEASE**

**Please read this form carefully and be aware that in signing, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child might sustain as a result of participating in any and all activities connected with and/or associated with use of the Premises, which includes, but is not limited to, the gymnasium located at 1501 Ligonier Street, Latrobe, PA 15650.**

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 In consideration for being allowed to participate in programs/activities at 1501 Ligonier Street, Latrobe, PA 15650, I agree to the following:

I recognize and acknowledge that there are certain risks of physical injury to players, coaches, volunteers and spectators in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I or my child may sustain while at the Premises. I understand the Premises includes, but is not limited to, the gymnasium, its storage rooms, restrooms, its entries and exits, any parking lot located at 1501 Ligonier Street, Latrobe, Pennsylvania 15650, and all steps, sidewalks, ramps and anything I or my child may traverse to enter or exit the gymnasium or the property on which it is located. I further understand that the owner of the Premises, Robindale Energy Services, Inc., and any of its affiliate successors-in-ownership ("Robindale"), makes no warranty, express or implied, regarding the Premises, the program/activity, or those involved in the program/activity, including, but not limited to, its administrators, leaders, coaches, teachers, volunteers or officials. I further agree to waive and relinquish all claims I or my child may have against the Robindale, its affiliates, principals, agents and employees. I do hereby fully release and forever discharge Robindale from any and all claims for injuries, damages, or loss that I or my child may have or which may accrue to me or my child, connected with, or in any way associated with this program/activity.

By signing below, I consent that I have read and fully understand, and agree to the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Signature: \_\_\_\_\_

Guardian's Printed Name: \_\_\_\_\_

Children's Printed Name(s): \_\_\_\_\_

Today's date: \_\_\_\_\_