

St. Anne School –VOLLEYBALL
CYO Sports Consent Form for Volleyball

FEE: \$65.00*

Welcome to St. Anne School's CYO Sports Program. We hope your child will find the experience rewarding and will develop skills and friendships to last a lifetime.

* Fee includes a Uniform T-Shirt

Player's Name _____

Birth date _____ Grade _____ School _____

Address _____ Phone _____

Parent/Legal Guardian Name _____

Address _____ Phone _____

Work Phone _____ ext. _____ Cell Phone/Page _____

(Please include both parents' addresses/phones if different) Email _____

Alternate Emergency Contact _____

Address _____ Phone _____

SPECIAL MEDICAL CONDITIONS _____

Physician _____ Phone _____

I hereby consent to participation by my child in the Volleyball Program. I understand that this event may take place away from the Parish grounds and that my child will be under the supervision of the CYO coaches/volunteers during the activity. I acknowledge that CYO coaches or representatives are not responsible for transportation.

I fully recognize and understand that sports and recreation activities involve an element of risk of bodily injury. I will assume and accept those risks and hazards, which are incidental to such participation. My child has not special physical/medical conditions, except as listed above, and is fit for strenuous physical activity. In consideration for the opportunity for my child to participate, should such risk or hazard cause illness or injury to my child I do hereby release, absolve, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, St. Anne Parish, its school, its organizers, coaches, volunteers, sponsors, and those individuals transporting to my child to and from the activity.

Should such entities be guilty of gross negligence leading to serious illness, injury, or death of my child, it is recognized that I have the right to pursue legal redress. However, third parties (such as the place where the activity occurs) will be responsible for their own negligence and liability. I hereby authorize medical/dental care and treatment for my child, as necessary, while under the supervision of the CYO sports program representatives.

I will return all equipment and team uniforms at the end of the season in good condition.

Parent/Guardian Signature _____ **Date:** _____