

**Archdiocese of Seattle
Catholic Youth Organization
Players, Coaches, and Parents Agreement**

The Catholic Youth Organization (CYO) is a program that, through the vehicle of sports, aids youth to become better Christians and to collaborate with other athletes throughout the Archdiocese. The Code of Conduct serves as a behavioral guideline for all players, coaches, and parents to follow.

As an individual:

- I will try to develop my skills to the best of my ability and to give my best effort in competition.
- I will compete within the rules of my sport.
- I will respect the dignity of every human being, and will not be abusive or dehumanizing of another individual.

As a member of a team:

- I will place team goals ahead of personal goals.
- I will work to develop positive relationships with all my teammates.
- I will follow the team rules established by the coach.

As a member of society:

- I will display caring and honorable behavior off the field and be a positive influence in my community.

Violations of this Code of Conduct will be dealt with by the CYO Athletic Director, the appropriate sport commission, and the Athletic Advisory Board.

Remember (all spectators):

- That the players are children and are playing for their enjoyment, not yours.
- To remain seated in the spectator area during all contests.
- To respect decisions made by game/contest officials.
- Be a positive role model by supporting teams with words of encouragement.
- Make no derogatory comments or gestures to players, coaches, or fans of your own team or the other team.

Remember that the adults set the example for the behavior of their team's fans. If you see negative behavior, please try to appeal to their conscience at the appropriate time.

I have read this agreement and agree to follow its guidelines so that everyone participating in CYO Athletics will have a positive experience in all activities.

Signature of player

Signature of parent or legal guardian

Print Player Name: _____

Grade _____

Volleyball
Boys' Uniform Order Form

Student's Name: _____

Requested size (please specify adult or youth): _____

Grade: _____

A \$75 check deposit is required when issuing uniforms. The deposit check will be returned to you at the end of the season, when the uniform has been returned .

Please call Dana Vizzare if you have any questions – 206/282-0735.

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

FEE: \$50.00

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.

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)

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, absolved, 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: _____

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

FEE: \$60.00*

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)

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 a 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: _____