MERCER COUNTY CYO

Permission to Participate			
I give permission for my child		to	participate in CYO Athletics
for	school	/ parish.	
Parent's or Guardian's Signature			
Medical Authorization I certify that my child's current phy Athletics. I know of no reason to re Athletics. In the event that I cannot physician selected by the CYO of N injection of anesthesia or surgery for	estrict my child's a t be reached in an of Mercer County to h	ctivity and give emergency, I hospitalize, sec	ve permission in CYO erby give permission to the
Parent or Guardian's Signature			
Acknowledgement of Risk/Waive I certify that my child's physical co Program. I recognized that there ar hereby assume full responsibility for in CYO Athletics. I agree to: (A) w indemnify and hold harmless the M officers, agents and employees from accrue to me on account of my child Parent or Guardian's Signature PARENT / EME	ondition is satisfactore certain risks of por any expensed incovaive and relinquistiercer County CYC in any and all claim d's participation in	hysical injury curred as a rest h; (B) fully rel and the Dioco s from injuries CYO Athletic	in any athletic program and I ult in my child's participation lease and discharge; and (C) ese of Trenton and their s, damage or loss which may cs.
Mother / Guardian's Name: Phone Numbers: (H)		Address: _	
Phone Numbers: (H) E-mail Address:			(C)
Father / Guardian's Name:Phone Numbers: (H)E-mail Address:	(W)	Address:	(C)
In case we are unable to reach you,	please give us two	emergency co	ontacts:
Emergency Contact Name:Phone Numbers: (H)	(W)	Address:	(C)
Emergency Contact Name:Phone Numbers: (H)	(W)	Address:	(C)