

CYO ATHLETICS HIGH SCHOOL BASKETBALL  
AGREEMENT AND RELEASE OF LIABILITY  
(With consent of Parent or Guardian of Minor)

DATE \_\_\_\_\_  
NAME OF PLAYER \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
PARISH/SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

I acknowledge that participating in the sport of basketball can be a dangerous activity involving many risks of injury. I further acknowledge that Catholic Youth Sports Organization, Inc. (the "CYO") is a non-profit corporation formed to advance league play of the Sports, the efforts of which directly benefit me. I, in consideration of the acceptance of me by the CYO as a participant in a sports league release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against the CYO, the parish/school listed above, or their respective trustees, officers, employees, coaches, agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by me directly or indirectly in connection with my participation in any of the Sports during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and the CYO and that the terms hereof are contractual and not a mere recital. I currently have no know physical or mental condition that would impair my capability for full participation as intended and expected of me (except for \_\_\_\_\_).

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OF GUARDIAN OF A MINOR: I, as parent or guardian of the Student, \_\_\_\_\_ represent to the CYO that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf on my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PASTOR: \_\_\_\_\_ DATE \_\_\_\_\_

**(NEEDED ONLY IF NOT PLAYING FOR YOUR PARISH TEAM)**

I am willing to volunteer

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

I will: Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Set Up \_\_\_\_\_ Clean Up \_\_\_\_\_

Coordinate A Division \_\_\_\_\_ Other \_\_\_\_\_