

# **CYO Participant Forms**

## **2024 - 2025 CYO Basketball Season**

### **Holy Trinity**

Holy Trinity High School Students wishing to participate in CYO must be **enrolled and attend** Catholic Religion Classes.

**Mandatory player meeting October 2, 2024 at 9:15PM in room 8 of the Fr Yauss**

#### **Due at meeting:**

- **Attached player forms**
- **Payment of \$50 per participant.**  
Make checks payable to Holy Trinity
- **Formed teams with approved coaches.**  
Please try to create a team of 9 to 10 players. Coach applications are available at the parish office. (We may need to add to teams at the meeting)
- **Gym supervisor volunteer form.**  
Please show this form to your parents. We are in need of parent supervisors.

**Please contact Sarah Klosterman for any questions  
@ 419-763-9772 or @sklosterman.holycrossfop@gmail.com**

**Any additional forms can be found  
@ [www.northvalleycyo.com/forms](http://www.northvalleycyo.com/forms)**



**PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)**

1. I, the custodial parent/legal guardian of \_\_\_\_\_ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless \_\_\_\_\_ (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I further agree not to bring or prosecute or allow to be brought or prosecuted (including, but not limited to, prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits, or actions against Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. Please indicate. I  agree  do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. Please indicate. I  agree  do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Place of Employment & Address \_\_\_\_\_

Custodial Parent/Legal Guardian Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ ; (other Phone No.): \_\_\_\_\_

**MEDICAL INFORMATION FORM**

**Completed by Custodial Parent/Legal Guardian — Please Print**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Allergies (e.g. food, drugs, anesthetics): \_\_\_\_\_

Medications taken regularly:

\_\_\_\_\_ Medical

Conditions/Impairments (e.g. epilepsy, diabetes, asthma): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone

No.: \_\_\_\_\_

Custodial Parent/LegalGuardian Phone No. (cell): \_\_\_\_\_ ;(other Phone No.): \_\_\_\_\_

Emergency Contact Phone No. (cell): \_\_\_\_\_ ;(other Phone No.): \_\_\_\_\_

(See Activity Information Form below)

**ACTIVITY INFORMATION FORM**

**Completed by Parish/School -- Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**On Going Activity**

Parish/School \_\_\_\_\_ Holy Trinity \_\_\_\_\_ Program or Group \_\_\_\_\_ CYO Basketball \_\_\_\_\_

Starting Date \_\_\_\_\_ October 2024 \_\_\_\_\_ Ending Date \_\_\_\_\_ March 2025 \_\_\_\_\_ Registration Fee \_\_\_\_\_ \$50 \_\_\_\_\_

Usual Location \_\_\_\_\_ Usual day and time \_\_\_\_\_ Sunday Game Time \_\_\_\_\_

Routine Activities \_\_\_\_\_ Participate in games. This does not include practices. \_\_\_\_\_

Group Leader \_\_\_\_\_ Sarah Klosterman \_\_\_\_\_ Telephone No. \_\_\_\_\_ 419-763-9772 (Txt will be quicker responses) \_\_\_\_\_

Other Information \_\_\_\_\_ We will not have gyms for practices \_\_\_\_\_

\_\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).)

Signature of Custodial Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# North Valley CYO Basketball

## Waiver of Liability

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

I promise to live up to the rules and regulations of the CYO. I understand that failure to do so will result in possible removal from the CYO Basketball League.

\_\_\_\_\_  
(CYO Applicant's Signature)

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For the protection of the North Valley League and the facilities in which we use, we ask parents to sign the agreement below.

This participant \_\_\_\_\_ has my permission to play in the CYO Basketball Program. I understand that I personally, or my family's medical insurance will take care of any medical bills that may result from injury traveling to and from or while participating in CYO basketball. I will not hold the North Valley CYO league or any facilities being used liable for injuries or illnesses that may occur. I assure you that he/she is physically fit to take part in this activity.

\_\_\_\_\_  
(Parent or Guardian Signature)

# North Valley CYO Basketball

## Emergency Medical Form (to be held by the coach)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Hospitalization insurance or other kinds of coverage- Please specify.  
Include the following: name of company, group number, contract number,  
coverage, and the employee number if such pertains to your type of  
insurance.

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What coverage is included? Hospital ( ) Doctor's Fee ( ) Surgery ( )  
I agree that I will be responsible for all medical expenses for my child in an  
emergency that requires an operation or hospitalization; we will try to  
inform you beforehand. However, if we are unable to reach you we ask you  
to give permission for the following.

I hereby give permission for an emergency operation for my child.

I hereby give my permission for my child's hospitalization.

I hereby give my permission for any other emergency medical care for my  
child.

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(Parent's Signature)