

CYO - Registration Instructions

1. The St. Anselm CYO Registration form, Preparticipation Examination Form, and Emergency Medical Authorization must be completed for all CYO participants.

****Be sure that both the Preparticipation Examination Form and Emergency Medical Authorization Form are completed in their entirety. If either of these forms is not completed, the athlete will not be permitted to participate in CYO athletics.**

****Physical Exams are valid for 13 months from the date of examination. Athletes are forbidden from participating until a valid Preparticipation Examination Form is submitted to the Athletic Association.**

****Any athlete who's physical expires during the course of the season will become ineligible to continue participation until an updated Preparticipation Examination Form is submitted.**

2. Athletes that are not a member of St. Anselm Parish or enrolled at St. Anselm School must complete the enclosed CYO Eligibility Request Form.
3. Completed forms, Participation Fees, and Uniform Deposit Fees must be submitted by the deadlines listed on the St. Anselm CYO Registration forms. Strict adherence to these dates is necessary in order to meet Diocesan CYO team registration requirements.
4. Forms and Fees may be submitted to either **St. Anselm Parish Office**, **St. Anselm School Office**, or by mail to:

**St. Anselm Athletic Association
12969 Chillicothe Road
Chesterland, OH 44026**

St. Anselm CYO Sports Participation Registration

Spring 2010

Grade: 4th 5th 6th 7th 8th

Sport: Girls Track & Field Boys Track & Field

Child's Name:	
Address:	
Phone:	
Parents' Names:	
Parent's Signature:	
Email:	

I am interested in participating as an Athletic Association volunteer. Please contact me.

Participant Eligibility: Registration is open to students in grades 4 through 8 in the following order:

1. St. Anselm students
2. Parishioners who regularly attend PSR classes or another Catholic elementary school
3. Students from Neighboring parishes ***MAY*** be eligible if their parish does not offer the sport, they meet all Cleveland CYO eligibility requirements, and there is availability on the St. Anselm team.

Track & Field

Registration Fee: \$ 40.00

Uniform Deposit: \$ 10.00 - *Please make separate check for uniform deposit. This check will only be cashed in the event that the athletes uniform is not returned.*

****REGISTRATION DEADLINE - 3/1/10 ****

****All Deadline dates are firm! Strict adherence to these dates is necessary in order to meet Diocesan CYO team registration requirements****

*** Uniforms must be returned within 2 weeks of season's end. Failure to do so will result in forfeit of Uniform deposit

*** There is a maximum fee of 2 participants per family, per sport season. Additionally, there is only one uniform deposit fee required per family per sport season.

Please send this completed form with your payment to:

St. Anselm Athletic Association
12969 Chillicothe Road
Chesterland, OH 44026

YOUTH & YOUNG ADULT MINISTRY AND CYO OFFICE – CYO ATHLETIC PREPARTICIPATION FORM

(PLEASE TYPE OR PRINT)

STUDENT'S NAME _____ BIRTH DATE _____ SEX _____ GRADE _____
LAST FIRST
 ADDRESS _____ SCHOOL _____
STREET CITY ZIP
 PARISH _____ PARISH CITY _____
 PARENT/GUARDIAN(S) NAME _____ EMAIL _____
 MOBILE/WORK TELEPHONE NO. _____ HOME TELEPHONE NO. _____

Carefully complete the following questions before your physical exam. Explain "YES" answers below.

- | | | YES | NO |
|--|-------|-------|-------|
| 1. Has this athlete ever had hospitalization, surgery, injury, serious medical or psychological illness?..... | _____ | _____ | _____ |
| 2. Is this athlete now under the care of a physician or taking any medication?..... | _____ | _____ | _____ |
| 3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports by this student?..... | _____ | _____ | _____ |
| 4. Does this athlete have any known allergies? (medication, pollen, food, stinging insects)..... | _____ | _____ | _____ |
| 5. Does this athlete wear glasses or contact lenses? Give date of last eye exam if "YES"..... | _____ | _____ | _____ |
| 6. Has this athlete ever blacked out, been knocked out, lost consciousness or been dizzy during or after physical activity?..... | _____ | _____ | _____ |
| 7. Has this athlete ever had racing of the heart, skipped heart beat or heart murmur?..... | _____ | _____ | _____ |
| 8. Has this athlete ever had a head injury or concussion?..... | _____ | _____ | _____ |
| 9. Has this athlete ever had a seizure?..... | _____ | _____ | _____ |
| 10. Does this athlete use special protective/corrective equipment that isn't usually used? (For example knee brace, ankle brace, foot orthotics, hearing aid, etc.)..... | _____ | _____ | _____ |
| 11. Does this athlete lose weight regularly to meet weight requirements for the sport?..... | _____ | _____ | _____ |
- Explain any YES answers: _____

I/we, the undersigned consent to the participation of the above-named child in CYO athletics including practice sessions, scrimmages and athletic contests. In consideration of participation in these programs, and wishing to promote and benefit this non-profit cause, I/we, the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless the Catholic Charities Health & Human Services, Inc.(CCHHS), the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, sponsoring Catholic Parishes/Schools and any of their agents, representatives, employees, successors or assigns for my health, safety or any injury and/or disability arising out of or resulting from: (CHECK all programs that apply)

- CROSS COUNTRY FOOTBALL VOLLEYBALL SOCCER CHEERLEADING
 BASKETBALL WRESTLING BASEBALL SOFTBALL TRACK & FIELD

As a participant/parent in the program, I/we recognize and acknowledge that there are certain risks or physical injury and I/we agree to assume the full risk of any injuries, including loss of life, damages or loss which I/we may sustain as a result of participating in any and all activities connected with or associated with such program. The undersigned acknowledge that the participant has prepared for the sport in which participating by adequately conditioning and practicing. I/we hereby represent that I have no physical restrictions that would prohibit my participation in the sport that I have selected. The Youth & Young Adult Ministry and CYO Office has my permission to have a physician attend me if deemed necessary during my participation in this CYO program.

I/we also give permission and authorize CCHHS, its agents, employees, successors and assigns to photograph or otherwise electronically or digitally record my image, or that of my child for which I am guardian participating in these athletic programs for the publication in printed or electronic form to be seen and disseminated to the general public in any media including CCHHS newsletter, poster, display, film, video or website.

I/we further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the CCHHS, Youth & Young Adult Ministry and CYO Office and its officers, agents, servants and employees from any and all claims resulting from injuries, including loss of life, damages and losses sustained by me and arising out of, connected with, or in any way associated with activities of the program.

Participants Signature _____ Date _____
 Parent or Guardian Signature _____ Date _____
 Parent or Guardian Signature _____ Date _____
 This athlete has family medical insurance: YES NO If yes, the Child is covered by:
 INSURANCE COMPANY: _____ POLICY NO. _____ EFFECTIVE DATE: _____

HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO PHYSICAL EXAM

STUDENT'S HEIGHT _____ WEIGHT _____ BP _____ PULSE _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Muscular skeletal			

OPTIONAL TESTS

URINALYSIS
 ALBUMIN _____
 SUGAR _____
 MICRO (IF ABOVE TEST ABNORMAL) _____

BLOOD COUNT
 (FOR FEMALES)
 HGB. _____
 OR _____
 HCT. _____

*Station-based examination only.
 SHOULD THERE BE ANY LIMITATIONS PLACED ON ATHLETIC PARTICIPATION? YES ___ NO ___
 RECOMMENDATIONS: _____

I certify that I have on this date examined this student and that, on the basis of the examination requested by the CYO authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities. (NOTE EXCEPTIONS IN RECOMMENDATIONS AREA)

PHYSICIAN'S NAME, ADDRESS & PHONE (STAMP OR PRINT)

PHYSICIAN'S SIGNATURE _____
 PHYSICIAN'S TELEPHONE NO. _____ DATE _____

EMERGENCY MEDICAL AUTHORIZATION

Student Name _____

Address _____

Telephone _____

NAME: _____

Last _____

First _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

**PART I OR II MUST BE COMPLETED
PART I TO GRANT CONSENT**

In the event reasonable attempts to contact me at _____ (phone number) or _____ (other parent or guardian) at _____ (phone number) have been unsuccessful, I hereby give my consent or: (1) the administration of any treatment deemed necessary by Dr. _____ (physician & phone number) or Dr. _____ (dentist & phone number), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

_____ Date

_____ Signature of Parent or Guardian

_____ Address

BIRTHDATE: _____

**DO NOT COMPLETE PART II IF YOU COMPLETED PART I
PART II REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child, in the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

_____ Date

_____ Signature of Parent or Guardian

_____ Address

CYO ELIGIBILITY REQUEST FORM

This form is to be completed by all athletes that are not members of the parish sponsoring the team or not enrolled in the school sponsoring the team and those athletes that are only eligible for CYO participation through PSR enrollment. The completed form is to be submitted in person to the CYO Office by the Team Entry Deadline.

Reference: CYO By-Law 4, for Eligibility Rules

PSR ELIGIBILITY

If the athlete regularly attends the PSR program in the current PSR school year of the parish sponsoring the team AND lives within the boundaries of the parish sponsoring the team, the athlete is permitted to play for that PSR parish as long as a CYO Eligibility Request Form is completed and submitted by the Team Entry Deadline. If the parish in which the athlete resides does not offer a PSR program and the student does not meet either the parish or school eligibility requirement, the athlete is not eligible to participate on any CYO team.

THE ATHLETE'S PARISH/SCHOOL DOES NOT OFFER A TEAM IN THE SPORT

If a member of CYO does not offer a team in a specific sport or division, an athlete is eligible to compete for a Member that is closest to the child's residence as measured by the process below if:

- the athlete attends his/her home parish grade school, or
- the athlete's parents or legal guardians are registered members of the home parish.

Limits to this rule:

- If an athlete's parish/school sponsors a team in a particular sport, the athlete is to participate on that parish/school team and is not permitted to attempt to play at any CYO Member without prior written approval from the CYO Athletic Office.
- An Athlete that is not a member of a parish, or enrolled in a catholic school, but is only enrolled in PSR at the parish, in which who's boundaries he/she lives, is only eligible to participate at the PSR sponsoring parish. The Athlete cannot use this rules to play for another member.

Determining the appropriate parish/school to participate for (CYO By-law 4-2-5):

- The first request for participation must be made to the Pastoral Designee of the CYO Member that is closest to the child's residence as measured by the process below.
- If the closest CYO Member does not accept the child, the child has permission to approach the Pastoral Designee of the second closest CYO Member as measured by the process below.
- If the second closest CYO Member does not accept the child, the child has permission to approach the Pastoral Designee of the third closest CYO Member or contact the CYO Athletic Administration for placement (according to By-law 4-2-5-C).
- Process for determining the appropriate CYO Member to participate:
 - Distance consideration for determining the CYO Member must radiate out in ALL directions from the child's official residence toward surrounding CYO Members.
 - The distance between the child's official residence and the official location of the CYO Member offering a team shall be determined by using Mapquest.com or other such navigational system approved by the CYO.
- This Eligibility requires completion of the CYO Eligibility Request Form and approval by CYO Athletic Administration before the athlete is eligible to participate in any games, scrimmages contests or competitions. The CYO Eligibility Request Form must be completed and submitted to the Area CYO Athletic Director on or before the team entry deadline.

ELIGIBILITY REQUEST FORM APPROVAL PROCESS (Revised July 2007)

- Eligibility Requests Forms are to be completed and submitted in person to the Area CYO Athletic Director by appointment only by the published Team Entry Deadline. The form can no longer be faxed or mailed.
- The Athlete seeking eligibility is NOT permitted to be placed on the official eligibility roster, participate in any practice, contest, competition, scrimmage or game until written approval of the athlete's eligibility has been given by CYO Administration.
- Eligibility Request Forms that are submitted in their entirety by the Team Entry Deadline will be ruled upon before the start of the season.
- Eligibility Request Forms submitted after the team entry deadline, incomplete, or returned to the Pastoral Designee will result in the athlete being ineligible for practice, preseason and early season competitions, and scrimmages.
- Athletes seeking eligibility after the team eligibility roster has been submitted must be placed on a separate roster pending approval by the CYO Administration and cannot participate in any way until such approval is given.
- The CYO Athletic Director will communicate the eligibility status of an athlete to the sponsoring member's Pastoral Designee.

***Pastoral Designees submit this completed form in person to the CYO Athletic Office –
7911 Detroit Avenue, Cleveland, OH 44102***

CYO ELIGIBILITY REQUEST FORM



TO BE COMPLETED FOR ALL ATHLETES THAT ARE NOT A MEMBER OF THE SPONSORING PARISH OR ENROLLED IN THE SCHOOL OF THE SPONSORING PARISH.



MEMBER/PARISH ATHLETE REQUESTS TO PLAY FOR: _____ CITY: _____

MEMBER/PARISH ATHLETE IS A MEMBER OF: _____ CITY: _____

SPORT ATHLETE REQUESTS TO PLAY: _____ COACH NAME (Print): _____

LEVEL OF CYO PLAY (Circle): GRADESCHOOL HIGHSCHOOL

STUDENT NAME: _____ GENDER (Circle One): BOY GIRL

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ PARENT/GUARDIAN NAME: _____

ARE PARENT/GUARDIAN CATHOLIC (Circle): YES-BOTH NO-BOTH YES-ONE(Which: _____)

SCHOOL ATHLETE ATTENDS: _____ GRADE: _____

DID ATHLETE PARTICIPATE IN THIS CYO SPORT LAST YEAR? (Circle One): YES NO

IF YES, WHAT PARISH/SCHOOL DID THE ATHLETE PLAY FOR: _____

DOES THE ATHLETE'S PARISH/SCHOOL SPONSOR A CYO TEAM IN THIS SPORT THIS SEASON? (Circle One): YES NO

WHAT IS THE CLOSEST PARISH TO THE ATHLETE'S HOME ADDRESS TO SPONSOR A CYO TEAM? _____

WHICH ELIGIBILITY CRITERIA(S) DOES THE ATHLETE MEET FOR PARTICIPATION IN CYO ATHLETICS AT THIS PARISH?

- The athlete regularly attends the sponsoring parish PSR program and lives within the sponsoring parish's boundaries.
- The athlete's parish does not sponsor a team in this sport & the athlete is a member of the above parish or enrolled in the above school, and the sponsoring parish is the closest parish as determined by mapquest.com or other approved navigational system to the athlete's residence to sponsor a team.
- The athlete's parish does not sponsor a team in this sport & the athlete is a member of the above parish or enrolled in the above school, and after contacting the following parishes, this is the closest parish to sponsor a team to the athlete's residence.

Parishes Contacted: _____

Other situation to be considered by the CYO Athletic Staff (Describe the request in detail): _____

We the undersigned do hereby acknowledge the above information to be true to, and that we understand that the Athlete is not eligible to participate in any practice, contest, competition or scrimmage until approval is received from the CYO Office. We also understand that false information contained on this form will nullify this application and its approval at any time.

DO NOT WRITE HERE
Circle: Accepted
Rejected
Date Letter Sent: _____
CYO Staff Initial: _____

PARENT/
GUARDIAN SIGNATURE: _____ DATE: _____

SPONSORING PARISH INFORMATION (Parish where the Athlete REQUESTS to participate) – See Reverse for Eligibility Rules

PASTOR (Print Name): _____ SIGNATURE: _____ DATE: _____

PASTORAL DESIGNEE (Print Name): _____ SIGNATURE: _____ DATE: _____

ATHLETE'S HOME PARISH INFORMATION (Parish where the Athlete BELONGS/is coming from)

PASTOR (Print Name): _____ SIGNATURE: _____ DATE: _____

PASTORAL DESIGNEE (Print Name): _____ SIGNATURE: _____ DATE: _____

ALL SIGNATURES (IN INK) ARE NECESSARY TO BECOME VALID

I: ELIGIBILITYREQSTREV708 - 7/12/08