

ARCHDIOCESE OF LOS ANGELES
CORPUS CHRISTI SCHOOL (CCS)
STUDENT YOUTH ACTIVITY PERMISSION FORM



STUDENT'S NAME (Print): _____

GRADE: _____

Activity: **CYO League/CCS Athletic Team**

Date: **2018-2019 School Year**

Educational Purpose: **To educate the "whole child", and fulfill our school SLE's through athletic competition**

Description of Activity: **CYO/CCS Team Sports and all associated CCS-sponsored athletic events/activities/tournaments**

Mode of Transportation: Walk Car Bus Other (specify) _____

Teacher/Adult Leader: **CCS Coach(es)** Attire: **FULL CCS Team Uniform is REQUIRED for Games in order to participate; PE Uniform is required for team practices to participate**

I request that my son/daughter be permitted to participate in CCS sport/team/activities/tournaments. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form (CCS "Emergency Card") to the school. I agree to direct my child to cooperate and conform to directions and instructions of the school, parish or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, the Archdiocese of Los Angeles Education & Welfare Corporation, and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Parent/Guardian Signature

Date

Home Phone

Cell Phone

Work Phone

Email

Person to Notify in Case of Emergency - If Parent or Guardian Is Unavailable:

Name: _____

Day Phone: _____ Cell: _____ Email: _____

CORPUS CHRISTI SCHOOL (CCS)

SPORTS PERMISSION FORM/ RELEASE FOR THE 2018-2019 SCHOOL YEAR



OFFICE USE ONLY

STUDENT ATHLETE'S LAST NAME, FIRST NAME _____ GRADE _____

CHECK #: _____

SPORT _____

_____/_____/_____
BIRTHDATE

**Cost: \$150.00 per Team Sport/ \$50.00
for Track/\$75.00 for Cross Country/
\$200.00 for Soccer**

HOME ADDRESS: _____ HOME PHONE: _____

FATHER'S NAME: _____ CELL PHONE #: _____

MOTHER'S NAME: _____ CELL PHONE #: _____

INSURANCE: _____ GROUP / MEMBER #: _____

ALLERGIES, MEDICATIONS, ETC.: _____

I hereby request that my son/daughter* _____ attend/ participate in the Corpus Christi School Sports Program on the following **SPRING season** sports team:

CROSS COUNTRY FOOTBALL VOLLEYBALL BASKETBALL SOCCER GOLF BOWLING TRACK

Students must be in the complete CCS team uniform in order to participate in the game.

Transportation is the responsibility of the student athlete's parent and/or guardian - transportation is not provided nor arranged by the school for any games or tournaments. Students may not proceed to practice or for a game without being accompanied by their CCS Coach.

Furthermore, I do not hold anyone connected with this activity responsible if any misfortune should occur. I understand and support the fact that my son/daughter must comply with the directions given by the school to the group involved in this activity. I request that my child be permitted to participate in the above CCS Sports Program. I agree to instruct my child to cooperate and conform to the directions and instructions of the supervisory personnel in charge of the team, and to represent CCS with pride. I understand that my child's behavior on and off the playing field reflects on CCS, and I will instruct them to behave appropriately.

I will discuss the CCS Athletic "Code of Conduct" with my child, prior to having it signed. I will help my child understand that *losing with honor* is an important "life lesson". In addition, I understand that the CCS 5th and 6th Grade "JV" teams are considered more "instructional", and therefore efforts will be made by the coaches to allow some playing time for all players to participate in as many league games as possible, *based on the criteria for playing time established for each team by the coach.*

However, the CCS 7th and 8th Grade "Varsity" teams compete during the regular season, in order to earn a place in the CYO Playoffs. Therefore, in those grades our CCS teams are "competitive" and do try and win games as a goal, as well as having instructional skill building and team building as goals. This advanced level will therefore by its nature provide *less playing time for some players and more for others, again based on the criteria established for each team by the coach.* Please help your child understand there is inherent value to being on the team-no matter their skill level, even when they do not experience much playing time in games.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

*** NOTE: A SEPARATE PERMISSION FORM / RELEASE MUST BE FILLED OUT FOR EACH STUDENT IN A FAMILY.**