

## Emergency Information Card

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Sport \_\_\_\_\_ email \_\_\_\_\_

List two persons to contact in case of emergency:

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Second Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to Athlete \_\_\_\_\_ Cell Phone \_\_\_\_\_

Important Information:

Drug Allergies? \_\_\_\_\_ If so, what? \_\_\_\_\_  
Other Allergies? (Bee sting, dust, etc.) \_\_\_\_\_  
Do you have: \_\_\_\_\_ asthma \_\_\_\_\_ diabetes \_\_\_\_\_ epilepsy?  
Are you on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_  
Do you wear contacts? \_\_\_\_\_  
Other: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



DIOCESE OF TRENTON

---

*Medical Treatment Authorization Form*

As parent and/or guardian of \_\_\_\_\_, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I further authorize that my child may be transported to a hospital or emergency clinic for treatment.

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone # (\_\_\_\_) \_\_\_\_\_

Evening Phone # (\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Date during which release is granted: From \_\_\_\_\_ to \_\_\_\_\_

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other person to contact in case of emergency \_\_\_\_\_

Relationship to child \_\_\_\_\_

Daytime Phone # (\_\_\_\_) \_\_\_\_\_

Evening Phone # (\_\_\_\_) \_\_\_\_\_

**This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# MERCER COUNTY CYO

## Permission to Participate

I give permission for my child \_\_\_\_\_ to participate in CYO Athletics for St. Gregory the Great School.

Parent/Guardian Signature: \_\_\_\_\_

## Medical Authorization

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics. I know of no reason to restrict my child's activity and give permission for participation in CYO Athletics. In the event that I cannot be reached in an emergency, I hereby give permission to physician selected by the CYO of Mercer County to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

Parent/Guardian Signature: \_\_\_\_\_

## Acknowledgement of Risk / Waiver and Release

I certify that my child's current physical condition is satisfactory for participating in CYO Athletics.

I recognize and acknowledge that there are certain risks of physical injury in any athletic program and I hereby assume full responsibility for any expenses incurred as a result of my child's participation in CYO Athletics.

I agree to: (a) waive and relinquish; (b) fully release and discharge; and (c) indemnify and hold harmless the Mercer County CYO and the Diocese of Trenton and their officers, agents, and employees from any and all claims from injuries, damage, or loss which may accrue to me on account of my child's participation in CYO Athletics.

Parent/Guardian Signature: \_\_\_\_\_

## PARENT / EMERGENCY CONTACT INFORMATION

Mother/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

In case we are unable to reach you, please give us two emergency contacts:

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_



## DIOCESE OF TRENTON

---

# CODE OF CONDUCT

### **Preamble:**

Interscholastic and youth sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self control.

I therefore pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a youth sports event and shall conform my behavior to the following code of conduct:

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I will learn the rules and policies of the league.
3. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials, and spectators at every game, practice or other sporting event.
4. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
5. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
6. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
7. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
8. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
9. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game or on the field and will take time to speak with coaches at an agreed upon time and place.
10. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and I will refrain from their use at all sports events.
11. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to, the following:

- Verbal warning by official, head coach, and/or head of league organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through official or coach
- Parental season suspension

**Signature Of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Saint Gregory the Great Church  
Parish Athletic Committee  
CYO Sports Parental Agreement**

Your child and St. Gregory the Great Parish depend on your assistance and cooperation to make this season fun and successful. Therefore, we want to make all your commitments clear.

Below are the listed obligations that must be fulfilled during the season. Please read each one carefully. Sign and date the Sports Agreement below and return to your child's coach.

- I am required to pay \$125 registration fee per child/per sport.
- All Uniforms will be returned to the coach, cleaned and in good condition, immediately upon the completion of the season. A \$150 fine will be imposed if uniforms are not returned by June of this year.
- During basketball season, I am required to work a home basketball game. It is imperative that you honor your commitment.
- I understand that St. Gregory the Great Parish teams emphasize fair play, sportsmanship, Christian Values, solid instruction, and a winning spirit that expects all athletes, parents, and fans to exemplify these values.
- Any questions or problems I might have must first be discussed with my child's coach. Only then, if not satisfied, will I take the matter to the Parish Athletic Committee for their assistance.

The Parish Athletic Committee thanks you for your support and cooperation.

**Please complete the Sports Agreement and return to your child's coach.**

---

**SPORTS AGREEMENT**

I have read and understand all of the CYO sports obligations for the St. Gregory the Great Parish. I understand that failure to fulfill them may result in my child being removed from the team or prevented from playing.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name of Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sport