



Diocese of Metuchen Office of Youth & Young Adult Ministry

CYM Basketball League 2009-2010 Player Registration Form

This portion to be completed by parent or guardian - PLEASE PRINT CLEARLY

Parish/School/Town \_\_\_\_\_ Grade/Team \_\_\_\_\_

Coach's Name \_\_\_\_\_ Assistant Coach 's Name \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Phone home \_\_\_\_\_ / cell \_\_\_\_\_

Address \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_ Emergency contact \_\_\_\_\_ Ph: \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ PolicyholderName \_\_\_\_\_

This portion must be completed by Family Physician - PLEASE PRINT CLEARLY

EXAMINATION:

Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Heart \_\_\_\_\_ Lungs \_\_\_\_\_
Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_ LymphNodes \_\_\_\_\_ Thyroid \_\_\_\_\_ Scoliosis \_\_\_\_\_ Skin \_\_\_\_\_ Orthopedic \_\_\_\_\_
Feet \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Mouth/Teeth \_\_\_\_\_ Nervous System \_\_\_\_\_

Comments \_\_\_\_\_

MEDICATIONS PRESENTLY PRESCRIBED \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

HISTORY OF:

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Heart Problems \_\_\_\_\_ Fractures \_\_\_\_\_ Eye Problems \_\_\_\_\_
Diabetes \_\_\_\_\_ Hypoglycemia \_\_\_\_\_ Headaches \_\_\_\_\_ Nose Bleeds \_\_\_\_\_ Congenital Defects \_\_\_\_\_
Operations \_\_\_\_\_ Injuries \_\_\_\_\_ Drug Sensitivities \_\_\_\_\_ Other Health Problems \_\_\_\_\_

Comments \_\_\_\_\_

PHYSICIAN'S FINDINGS PERTINENT TO PARTICIPATION IN ATHLETIC ACTIVITIES:

Full Participation Allowed \_\_\_\_\_ Limited Participation Allowed \_\_\_\_\_

No Participation Allowed \_\_\_\_\_ Restriction on Activity \_\_\_\_\_

Physician's Name/Address \_\_\_\_\_ Ph: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date of Physical \_\_\_\_\_

Parent/Guardian: Please read carefully and sign below.

I/we consent to my child, \_\_\_\_\_ ("my child"), participating in the above described activity and consent to the mode of transportation as indicated. I/we specifically waive and release any and all claims of any nature which I/we may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by my child or damages or loss to property in route to, during, and/or returning from the activity. Authorization For Medical Treatment: Should emergency medical treatment be necessary and I/we cannot be reached immediately, I/we authorize the delegated agents of the above-named parish to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to my child under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the delegated agents of the above-named parish to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I/we understand that I/we assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I/we further understand that Diocesan and/or parish representatives are NOT permitted to dispense medication. In the event that my child requires medication during the above described activity, I/we understand that my child must be trained to self-administer medication or have a parent in attendance to administer medication. Photo Release: I/we hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of my child, including their image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I/we hereby release The Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s). Discipline/Transportation Or Damage Costs: I/we agree to respect the rights and property of others and further understand that damages, stealing or insubordination will not be tolerated. I/we assume all responsibility for any and all financial obligations that result from any such behavior. Should it be necessary for my child to return home due to medical reasons, disciplinary actions or otherwise, I/we assume all responsibility and transportation costs.

In witness thereof, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.

Print Name

Signature of

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_