

**DIOCESE OF GREENSBURG**  
**CYO CONSENT FORM**  
(Revised, June 2017)

**PARENT SECTION**

ATHLETE'S NAME \_\_\_\_\_ BIRTH DATE (MM/DD/YY) \_\_\_\_\_

SPORT \_\_\_\_\_ SCHOOL/PARISH \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PARISH REGISTRATION \_\_\_\_\_ CITY \_\_\_\_\_

Does your child have asthma: Y N Does your child have allergies: Y N If yes, please list: \_\_\_\_\_

Please list any other medical issues: \_\_\_\_\_

**PARENT CONSENT:**

My daughter/son has my permission to participate in competitive sports in the Diocese of Greensburg CYO Programs. I do hereby release and forever discharge the above mentioned team, and/or parish/school/athletic association or their successors from any/all actions or suits in law or equity which I might hereafter have by reasons of injuries sustained by my child participating in sports or in transit to or from participation in sports. I also understand that it is my responsibility to determine my child's physical and mental readiness to participate in the Diocese of Greensburg Youth Ministry Athletic Program for this season. By signing this form we agree to abide by the Handbook of Policies, Rules and Regulations of the Diocese of Greensburg, which has been distributed to each program.

PRINT NAME OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

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**PHYSICIAN SECTION**

A physical examination of the athlete by a licensed physician must occur within one year of the athletic year (June 1 through May 31). The athlete will be ineligible to participate in diocesan sponsored athletics unless the following certification is executed:

I certify that on \_\_\_\_\_, I conducted a physical examination of \_\_\_\_\_ and I find, to a reasonable degree of medical certainty that the athlete is physically able to participate in the athletic program named above.

Signature of Licensed Physician \_\_\_\_\_ Date \_\_\_\_\_

Address of Physician \_\_\_\_\_ Phone \_\_\_\_\_

(Parent and Physician): Are there any physical or other restrictive limitation which the team, league, and diocese should be aware of which might restrict the athlete's participation in the program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, specify: \_\_\_\_\_

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**ADMINISTRATIVE SECTION**

PRINCIPAL'S SIGNATURE (if attending Catholic school): \_\_\_\_\_

PASTOR/PAROCHIAL VICAR SIGNATURE: \_\_\_\_\_

( if parishioner, pastor must validate participation in CCD program.)

**INCOMPLETE FORMS WILL BE RETURNED TO THE PARENT/GUARDIAN. THE ATHLETE WILL BE INELIGIBLE UNTIL THE FORM IS RECEIVED COMPLETED.**

## UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

**What is a concussion?** A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

**What are the symptoms of a concussion?**

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Bothered by light or noise

**What should students do if they believe that they or someone else may have a concussion?**

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.**

Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.

- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.

- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:  
The right equipment for the sport, position, or activity; Worn correctly and the correct size and fit; and used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_