



**CYO DIOCESE OF CLEVELAND
COED ADULT RECREATIONAL ATHLETICS**

Registration/Waiver Form

TEAM NAME _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ ZIP _____

E-MAIL ADDRESS _____

PHONE (home) _____ (work) _____

PARISH _____

WAIVER

I have applied for participation in the activities of the CYO Athletics, and hereby give my consent and approval for my participation in any and all activities of the CYO & Community Services and its affiliates during the ensuing year. I assume all risks and hazards incident to the conduct of such activities, including any and all transportation, and for and in consideration of the CYO & Community Services accepting me into their league, I hereby agree to release, absolve, indemnify and hold harmless, the CYO & Community Services, and its affiliates, the Roman Catholic Diocese of Cleveland, and any and all Catholic Churches or Parishes and any and all supervisors, organizers or sponsors of and from any and all liability for any injury to myself, and I waive all claims of any kind against any or all of the organizations or persons herein above enumerated, including any and all claims against any person or persons transporting me to or from any such activities herein above named.

Player's Signature _____ Date _____

INTENT

As a participant in the CYO Athletics, I agree to act in a **Catholic manner** at all times during the activities in which I participate. I intend to maintain **sportsmanlike conduct**, thus avoiding foul and abusive language, inappropriate gestures and malicious actions. Any violation may be just cause for removal.

Player's Signature _____ Date _____

Coach's Signature _____ Date _____

WAIVER FORMSDUE BEFORE THE FIRST GAME OF THE SEASON!