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**CYO MEGA STATEMENT: Our Mission**

The purpose of the Catholic Youth Organization of the Archdiocese of Detroit is to develop young people as physically, socially, emotionally, morally, and spiritually healthy citizens in collaboration with their families, churches, and communities through participatory experiences rooted in Catholic Values.

In the broadest view, the association of young people with peers and leaders in the Catholic Youth Organization should foster love of neighbor, self and God. If acquired, these attributes should be of great value to them as they strive to live fulfilled lives and reach their highest potential.

Activities provided by the Catholic Youth Organization shall provide opportunities for young people to participate in community efforts that lead to the development of leadership skills. Through teamwork with others they should be encouraged to learn to appreciate and embrace diversity.



CATHOLIC YOUTH ORGANIZATION . 305 MICHIGAN AVENUE .  
DETROIT, MICHIGAN 48226 . 313-963-7172

*Getting kids and communities into something good since 1933*



## ATHLETIC ELIGIBILITY POLICY

It is the belief of St. Sebastian Catholic School that athletics is an important part of growth and development of young people. The school also believes that it is important for young people to assume responsibility for their own actions and behavior. This includes responsibility for their academic progress.

In addition to the eligibility policy set forth by the St. Sebastian Parish Booster Club and the Catholic Youth Organization of the Archdiocese of Detroit, students attending St. Sebastian Catholic School must maintain a 2.0 grade **point average** in the major subjects--Religion, English/Literature, Math, Science, and Social Studies.

When the quarterly report card is issued, if a student falls below a 2.0 average, that student shall not participate in practice or games for a two-week period. At the end of the two-week period, the grades will be reviewed for forward progress and effort. If there is no satisfactory progress, that student shall not participate in practice or games for one more week. If no satisfactory progress is shown after the additional week, the student shall not participate in athletics for the remainder of the quarter. If at any time a student falls below satisfactory grades, the same process will occur, even if it is not report card time. If a student is absent from school on a day of practice or a game, the student is not eligible to participate for that day.

# CYO REGISTRATION SHEET

**PLAYERS NAME** \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)  
NAME** \_\_\_\_\_

**PLAYERS ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**PLAYERS DATE OF BIRTH** \_\_\_\_\_

**PARISH BAPTIZED AT OR RCIA** \_\_\_\_\_

**SCHOOL ATTENDING** \_\_\_\_\_

**RELIGION EDUCATION PROGRAM** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

# ATTENTION CYO ATHLETES AND PARENTS

Athlete's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parish/School: \_\_\_\_\_

## ASSUMPTION OF RISK -- PROOF OF INSURANCE

Participation in sports requires an acceptance of risk of possible injury. As an athlete you can help make athletics safer by not intentionally using techniques that are illegal and which can cause serious injury.

We, athlete and parent, understand that participation in athletics involves the possibility of a serious or even fatal injury. In consideration for our child's opportunity to participate in this program, we, the parents, individually and on behalf of our child, expressly assume any and all risks associated with and arising from such participation, including, but not limited to bodily and emotional injury, at practice, competitive events, and any other related activity, including transportation to and from any event. We hereby release the CYO, Archdiocese of Detroit, any parish and/or school sponsor and all of their agents from any and all liability for any such injury or damage. We will abide by CYO rules, the Expectations in Educational Athletics of CYO and game officials.

I \_\_\_\_\_ (signature) student athlete have read the above and agree that I have been warned as to injury and accept the responsibility of possible injury.

I am the parent or legal guardian of the above named student athlete and have read the above and recognize the risk in participation and injury. (Signature below)

The student athlete is covered by an insurance policy in effect for the school year:

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Policy or Group #

## EXPECTATIONS IN EDUCATIONAL ATHLETICS

The administration and staff of our parish/school, all CYO parishes/schools, and the CYO athletic office wish to make it clear that CYO sports are an educational activity. Athletes, parents, and friends must be aware of our expectations with regard to sportsmanship.

Unlike professional sports, as a spectator at an athletic event, you are part of the activity, much like the athletes, coaches, and officials. As a participant, (spectator or team member) we expect that you will maintain good sportsmanship or refrain from attending CYO athletic events.

- ◆ It is expected that as participants and spectators, we will support in a positive way our own team remembering that the athletes, coaches, and officials are not perfect and will make mistakes. Negative, derogatory cheers or actions aimed at either team are not acceptable in educational athletics.
- ◆ It is expected that you will accept the decisions of the officials without vocalizing disagreement. Officials are an important part of this educational activity. We are sending the wrong message when we challenge or abuse the game official sent to the game to administer these educational activities.
- ◆ At all times it is expected that we will respect one another; adults and athletes alike. This especially includes our opponents and officials, without whose involvement, sport contests would not occur.

Signature of Student Athlete and Parents/Guardians that they have read and understand the above.

\_\_\_\_\_  
Student Athlete

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

**This form is to be kept on file at the parish/school. A new form must be filed each school year. A form must be submitted by parents to the coaches at the start of each new athletic season.**

## MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Reason for which release is intended: \_\_\_\_\_

Address of Minor: \_\_\_\_\_ City: \_\_\_\_\_

Emergency Phone(s): \_\_\_\_\_

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

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, contract, or other pertinent comments:

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

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Parent or Guardian)

**St. Sebastian School**  
**Interscholastic Athletics**  
**Non-Insurance Physical Examination Form**

\_\_\_\_\_  
 (Athlete's Name – Please Print) (Grade) (Date of Birth)

I hereby give my consent for \_\_\_\_\_ to participate in the sports not crossed out in the list below. I recognize that there are risks associated with ALL sports and agree not to hold the School, Parish, C.Y.O, or the Archdiocese of Detroit in any way responsible for injuries or illnesses that may result from participation in practices or competition.

I hereby also grant permission for a physical examination and the release of results of that exam to coaches.

Ailments or health conditions the coach should be aware of: \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_  
 (Name and phone number)

Health Care Insurance: \_\_\_\_\_  
 (Insurance company's name)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent or Guardian)

\*\*\*\*\*

**(To be completed by examining Physician)**

1. Heart Condition:            Satisfactory            Unsatisfactory

2. Lungs:                        Satisfactory            Unsatisfactory

3. Is there evidence of a hernia? \_\_\_\_\_

4. Would competitive athletics be likely to be injurious? \_\_\_\_\_

5. General condition of feet, eyes, ears, and nose: \_\_\_\_\_

6. General condition of teeth: \_\_\_\_\_

7. Is there a bridge or false teeth? \_\_\_\_\_

8. Blood pressure: \_\_\_\_\_

Upon examination, I have found the above named athlete to be physically able to participate in any supervised activity not crossed out below:

Baseball    Basketball    Cheerleading    Pom-pon    Softball

\_\_\_\_\_  
 (Signature of examining Physician) (Date)



- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, feet orthotics, retainer on your teeth, or hearing aid)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had any problems with your eyes or vision?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <i>If yes, check appropriate box and explain below.</i>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip<br><input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh<br><input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee<br><input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/calf<br><input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle<br><input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot |                          | <input type="checkbox"/> |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 13. Do you want to weigh more or less than you do now?<br>Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you feel stressed out?  | <input type="checkbox"/> | <input type="checkbox"/> |

15. Record dates of your most recent immunizations (shots) for:

Tetanus _____	Measles _____
Hepatitis B _____	Chickenpox _____

**FEMALES Only**

16. When was your first menstrual period? \_\_\_\_\_  
 When was your most recent menstrual period? \_\_\_\_\_  
 How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 How many periods have you had in the last year? \_\_\_\_\_  
 What was the longer time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Source: American Academy of Family Physicians. (1997). Preparticipation physical evaluation. New York: McGraw-Hill, p. 47. (reprinted by permission)

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		
Signature of athlete _____	Signature of parent/guardian _____	Date _____