

**Individual Player Registration, Liability Waiver and Medical Consent  
Form 2016 - CYM Coed Volleyball League  
October 1, 2016 – December 31, 2016**

Student Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

Team Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parish Name/City: \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Grade Sept 2016 \_\_\_\_\_

**Do you play Volleyball in high School?**                       **Yes**                       **No**

**If yes, at what level (circle one) :**    **High School**    **FR**    **JV**    **Varsity**

**Did you play on a volleyball club last season?**    **Yes**    **No**   **Club** \_\_\_\_\_

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

Address/City/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Information:**

Name of Employer: \_\_\_\_\_

Company: \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber: \_\_\_\_\_ Policy# \_\_\_\_\_

**Child's Medical Information:**

Family physician: \_\_\_\_\_ Phone \_\_\_\_\_

Medical problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Individual Player Registration, Liability Waiver and Medical Consent Form

-Continued-

I consent to the participation of \_\_\_\_\_ in CYM Sports. In consideration for my SON/DAUGHTER/WARD's participation, I agree to reimburse and indemnify the CYM Volleyball LEAGUE, PARTICIPATING PARISHES, THE ARCHDIOCESE OF MILWAUKEE, AND ITS AGENTS, for all reasonable legal and court fees incurred in defending a lawsuit that I or my SON/DAUGHTER/WARD may bring against the CYM VOLLEYBALL LEAGUE, et al. which relates to CYM Volleyball if the CYM VOLLEYBALL LEAGUE is found not legally liable by the courts and prevails in the lawsuit. If the CYM VOLLEYBALL LEAGUE is found legally liable for injuries sustained by my SON/DAUGHTER/WARD, this paragraph will not apply.

My/our child wishes to participate in CYM Volleyball. I/we realize that there are numerous risks involved in participating in this activity. These risks could involve (but are not limited to): sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis and possibly death. These risks could impair my/our child's future abilities to earn a living, engage in business, social and recreational activities and to generally enjoy life. I/We have been informed about the various risks associated with my/our child's participation in CYM Volleyball and the potential injuries that may occur.

I/We assume all responsibility and certify my/our child is in suitable, good physical condition. Further, I/we are unaware of any medical condition that would inhibit my/our child's participation. As a condition of my/our child's voluntary participation in CYM Volleyball, I/we agree to accept all the previously mentioned risks as a condition of my/our child's participation.

In the event of an injury or illness, I/we grant permission to any and all healthcare providers designated by \_\_\_\_\_ to provide my/our child \_\_\_\_\_ any and all necessary medical care related to the injury or illness. I/we further understand I/we will be contacted as soon as is practical as to the medical emergency and be provided with all necessary information related to the medical emergency.

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

\_\_\_\_\_  
Date

I consent to the use by the Archdiocese of Milwaukee of any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which I or my child may appear. I understand that these materials are being used for promotion of Office for Schools, Child and Youth Ministry or the above named parish/school. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Archdiocese of Milwaukee or the above named parish/school from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

I have read the Youth Code of Conduct and agree to instruct my teen to abide by the rules of the League, it's agents, and the sponsoring parish. I agree that if my teen fails to abide in any way with this Code of Conduct and rules of the CYM Volleyball League, my teen will be asked to assume the natural consequences of his/her actions.

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

\_\_\_\_\_  
Date

As a player in the CYM Volleyball League, I have read the *Player Code of Conduct* and agree to abide by the Code and the rules established by the league and my parish. I will assume the consequences of my actions should I choose not to abide by the Code of Conduct and any established rules.

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

# Player Code of Conduct 2016

Welcome to the CYM Volleyball League. You are one of hundreds of young people who will participate in the league this year. It is our goal to provide a safe, healthy and positive experience for all participants. In order to do that, we expect that you will abide by this Code of Conduct and represent your family, parish and team well during the season.

As a player in the CYM Volleyball League, I understand and agree to the following:

- I will abide by the parish and league rules, Code of Conduct, the directions of my coaches and the directions of the officials.
- I understand that my coach will review the rules of the league with my team before the start of the season and as necessary during the season.
- I will provide accurate information on paperwork I submit to the league.
- I will respect the property and rules of host parishes, their coaches and volunteers. I will respect the personal property of other participants in CYM Volleyball.
- I will do my best to maintain an attitude of healthy competition, sportsmanship and acceptance of winning and losing in accordance with Christian Values.
- I will refrain from using alcohol, tobacco or illegal drugs during my involvement in CYM Sports. I understand that I will have one warning in the case of tobacco use, and then will be suspended. Alcohol or illegal drug use will not be tolerated and result in suspension from the league.
- I will be responsible for my own actions and accept the consequences that result from my actions.
- I will be on time for practices and games and will arrange for prompt pick up after practices and games.

**Please note:**

When you **sign the Individual Player Registration Form**, you agree to abide by this Code of Conduct, the rules of the CYM Volleyball League and parish rules. Violations of the Code of Conduct or established rules may result in disciplinary action from the League Oversight Committee.