Office use only
Fees Paid _____
Jersey Paid _____
Check # _____

ASCENSION ATHLETIC PROGRAM CYO-SAY-INTRAMURAL

Name_____ Grade (during season) _____ Sport_____

Address_____ DOB_____ Age_____ Sex: M F
(City) (Zip Code)

Parent or Guardian's Name_____

Home Phone_____ Work Phone_____ Other_____ E-mail_____

Physician_____ Phone_____

Dentist_____ Phone_____

Preferred Hospital_____ Allergies_____

Other Medical Problems_____

Parish Attends_____ School Attends_____

Are you playing on a select team this season? Yes No If yes, what team & division_____

Is this your first year playing this sport? Yes No If no, how many years have you played?_____

Do you need to purchase a new All Sport Jersey? Yes No If yes, answer the next 3 questions.

Jersey size ($35): Youth S M L or Adult S M L XL XXL

Is this the first time to purchase a Jersey? Yes No If no, what number is the old jersey?_____

Do you plan on playing basketball? Yes No (Only Certain numbers can be used for basketball.)

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

1. **I, the lawful parent or guardian of _____(the "child"), give permission for my child to participate in the activity described above and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.**

2. **I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.**

3a. **I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf in any way that I would act if I were personally present with respect to the following matters in any injury, illness or medical emergency occurs during the activity or related travel:**

(I) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dentist treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

(II) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

3b. **The power of attorney shall lapse automatically upon completion of the activity and related travel.**

4. **I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes and office functions.**

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian_____ ___Date_____ Phone_____

City_____ Zip_____ Work Phone_____

Emergency Contact_____ Phone _____

Basketball, $80 if paid by Sep 17

Intramural Basketball, $30 if paid by Dec 17

Volleyball, $45 if paid by Dec 19

Baseball, $45 if paid by Jan 16
Jersey $35

Track, $40 if paid by Jan 16

Soccer, $35 if paid by Apr 24

Cheerleading, $30 if paid by Sep 17

Golf, $30 if paid by Apr 24

Non-Parish students additional $10. Last Revised 9/1/11

Please turn in form with payment in envelope labeled "Athletics" to Parish Office Building or send through the Family Envelope to the Ascension School Office.