

**ST. FRANCES CABRINI SCHOOL**  
**CYO Consent to Participate**

**Acknowledgement of Assumption of Risk and Release**

I certify that I am the parent/legal guardian of \_\_\_\_\_.  
Players first/last name- print clearly

I hereby give my consent for my child/ward to participate with St. Frances Cabrini Athletics in the sport of **VOLLEY BALL** during the **2015-2016** season. **Player Fee is \$65**

I hereby acknowledge that I understand that playing and participating in sports, while not intended to be dangerous, can sometimes result in physical injuries. In consideration of permitting my child/ward's participation in said sport, I hereby release St. Frances Cabrini School and the Catholic Youth Organization (CYO) and its employees, agents and coaches from all losses and liabilities, which may arise in connection with my child/ward's participation in any activities related to said sport.

I also hereby acknowledge that I have instructed my child/ward to obey all instructions given by the coaches and follow all the rules imposed by the coaches and/or the Catholic Youth Organization (CYO).

I also acknowledge that participation in this sport may take place in a location away from the St. Frances Cabrini School site. I understand that all team members are responsible for their own transportation to and from team related practices, games, and events.

There are no conditions that my child/ward may be at risk of injury to his/herself or other children unless stated as follows:

The following are special circumstances regarding my child/ward, which coaches need to be aware of:

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**Student Agreement**

I have read the above document and promise to obey all instruction given by my coaches and agree to abide by the standards outlined in the contract.

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**Player Signature Date**

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Parent/Guardian Signature

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Date

**Pay to Play Fee: \$65** Cash or check payable to SFCPC by February 17, 2016.

Uniform fee included.

CYO Consent to participate form