

**St. Cornelius School**

**CYO Team Permission for Tryouts**

Please sign and return the form below to the coach indicating that you have read the "Rules and Policies for CYO League Teams" and agree to be governed by them during the coming season.

I give permission for my child to participate in tryouts after school. Should it be necessary for my child to have medical treatment while trying out for this sport, I hereby give the school personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

\_\_\_\_\_  
Student's Name (Please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Date

We have read the above and understand it fully.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date