

DIOCESE OF PITTSBURGH  
SECRETARIAT FOR CATHOLIC EDUCATION  
DEPARTMENT FOR YOUTH AND YOUNG ADULT MINISTRY

**CYM SPORTS LEAGUE ATHLETIC RELEASE**

Please print all information legibly.

PARISH/INSTITUTION: \_\_\_\_\_

**I. PERSONAL INFORMATION**

Athlete's Name: \_\_\_\_\_  M  F

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_, PA Zip: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Parish: \_\_\_\_\_ School: \_\_\_\_\_

**II. ATHLETE'S PLEDGE**

I promise to abide by the General Guidelines for the CYM Sports League of the Diocese of Pittsburgh. I will remember that as an athlete in this league I am a member of a team that is a ministry of the Catholic Church. I will not bring dishonor upon, or show disrespect to, the league, the parish I represent, my teammates, my coaches, the athletes and coaches I compete against, the officials, the spectators, and any physical property through inappropriate language and conduct before, during and after the game.

\_\_\_\_\_  
*Athlete's Signature* *Date*

**III. PHYSICIAN RELEASE**

The above mentioned athlete has been examined by me on (date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and my examination has found no medical reason to preclude his/her participation in competitive CYM Sports League.

\_\_\_\_\_  
*Physician's Signature* *Date*

**NOTE:** A copy of the athlete's physical may be attached in lieu of the physician's signature in this section. The physical report must be signed and have a date during the year 2009-2010, and state specifically that the athlete may participate in athletic competition.

