



DIocese OF CLEVELAND CYO FOOTBALL UNDERWEIGHT RELEASE



Since our child does not meet the minimum weight requirement of the Diocese of Cleveland CYO Football Program, which is outline below, and because of our/my desire to have our/my child _____ (Name), participate on the _____ (Name of CYO Member) Football Team in the Diocese of Cleveland CYO Football Program, I/we, the undersigned participant/parent, on behalf of myself, my heirs, legatees, and assigns, hereby agree to indemnify, save, and hold harmless the CYO Office, Catholic Charities Health & Human Services, the Bishop of the Diocese of Cleveland, the Diocese of Cleveland and the above stated CYO Member or any of their agents, representatives, employees or assigns from any and all damages and liability for any injury, medical fees, hospital bills, doctor bills of our/my afore said child. I understand that a physician's release is necessary. I also fully understand that my signature absolves, indemnifies, and holds harmless said physician from any and all liability for any injury.

Grade of Participant: _____ Division Participant wishes to play: _____

Participant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

I have examined the above child and have found him to be _____ pounds and able to participate in CYO Football.

Physician's Signature _____ Date: _____

Address _____
STREET CITY ZIP

Phone Number: _____
OFFICE NUMBER FAX NUMBER

8th & 7th Grade Football

1. Any athlete weighing less than 90 lbs. needs to complete this form.
2. **No one weighing under 80 lbs. is permitted to play.**

This form is to be submitted to the CYO Office within 5 days of the weigh-in.

Please send the form to the attention of David Stefanski
 Email: dstefanski@ccdoble.org
 Fax: 216-334-1270