CABRINI ATHLETIC DEPARTMENT
15305 WICK ROAD ALLEN PARK, MI 48101
(313) 357-3267

CYO MEDICAL INFORMATION FORM

Sport: ___Football ___Soccer ___Volleyball ___Cheer ___CC
___Basketball ___Baseball ___ Softball ___Bowling ___Track

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** (___)_____

CURRENT GRADE: _____ **DATE OF BIRTH:** _____

PARISH: _____ **I am a registered member** _____

CURRENT SCHOOL _____

PARENT'S NAME IF NOT THE SAME _____

PARENT'S CELL PHONE: _____

EMERGENCY CONTACT (if you are not able to be contacted) NAME: _____

EMERGENCY PHONE NUMBER: __(_____)_____

Please list any allergies and health concerns that the coaching staff should know about your son/daughter.

_____

_____

All Students participating in CYO sports must have a physical on file with the Athletic Office before try-outs or practicing for any team. The physical must be taken on or after April 15 of the previous school year.

Name of the Health Insurance and Policy Number which covers your son/daughter:

INSURANCE: _____ **POLICY #** _____

I give my permission for my son or daughter to try-out and to participate in the above sport for St. Frances Cabrini Elementary/Middle School if they make the team. I understand that his/her ABILITY, ATTITUDE, ACADEMIC AVERAGE, CONDUCT IN SCHOOL AND IN TRY-OUT will be considered in the final selection of the team.

PARENT SIGNATURE: _____ DATE: _____