

Diocese of Columbus  
**DIOCESAN RECREATION ASSOCIATION**  
197 East Gay Street  
Columbus, Ohio 43215

**THINGS PARENTS SHOULD KNOW AND UNDERSTAND**

This is an elementary school sports program. Not a win at any cost situation. Every team wants to win, but this can not happen in any game. Sportsmanship is a major part of this program. Everyone must display it. Sportsmanship rules are given to coaches and you must be aware of them.

Listed below are excerpts from our rules:

- I. Any coach, player or spectator guilty of unsportsmanlike conduct will be penalized by the Diocesan Athletic Director. This includes damage to property and misconduct before, during, or after a game. A suspension or permanent expulsion may result.
- II. No coach, player, spectator, or cheerleader may in any way distract an opponent during play. Distractions are prohibited at all times.
- III. No coach, player or spectator may make a derogatory comment directed to an official. Comments to officials are limited to coaches asking for a call clarification to facilitate the coaching of a player.
- IV. **ANYONE** ejected from a game or a facility will automatically be suspended for at least the next game.
- V. **ALL** eligible participants **WILL** play in **EVERY** game.

Any comments or complaints should be made in writing and directed to the Diocesan Recreation Association, 197 E. Gay Street, Columbus OH 43215. Please sign and return to your coach.

Signature of Parent \_\_\_\_\_ Signature of Parent \_\_\_\_\_

**PARENT CONSENT FORM**

SPORT/ACTIVITY: \_\_\_\_\_ PARISH: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ MONTH \_\_\_\_ DAY \_\_\_\_ YEAR - PLACE OF BIRTH: \_\_\_\_\_(CITY) \_\_\_\_\_(STATE)

**PLEASE CHECK ONE: ( ) NO RESTRICTIONS ( ) RESTRICTIONS LISTED ON BACK**

List on the reverse side of this form any physical handicaps which would prohibit this participant from taking part to the full extent of the activity listed above.

I/we the parent(s) or legal guardian of the above named applicant who has applied for participation in the athletic activities of the Diocesan Recreation Association for the Diocese of Columbus, hereby give my/our consent and approval to his/her participation in any and all activities of the Diocesan Recreation Association and its affiliates for the activity specified. I/we assume all risks and hazards incident to the conduct of such activities including any transportation, and for any consideration of the educational instruction he/she will receive in connection therewith. I/we hereby agree to release and absolve, indemnify, and hold harmless, and do by this instrument release, absolve, indemnify, and hold harmless, the Diocesan Recreation Association and its affiliates, the Diocese of Columbus, and any and all of the Catholic Churches and Parishes and any and all supervisors, organizers, coaches, sponsors, and officials of and from any and all liability for any injury to my/our aforementioned child. We waive all claims of any kind against any and all of the organizations or persons hereinabove enumerated, including any and all claims against any person or persons transporting my/our child to or from any such activities hereinabove named. I/we the undersigned hereby declare that I/we have insurance protection covering injuries that may occur (including contact sports) in these activities during the ensuing season. I/we further certify that all information contained in this form is correct.

**(MUST BE SIGNED BY PARENT(S) OR LEGAL GUARDIAN(S))**

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT or GUARDIAN SIGNATURE: \_\_\_\_\_

PASTOR'S SIGNATURE: \_\_\_\_\_

**HOLY SPIRIT ATHLETIC PROGRAM  
EMERGENCY MEDICAL AUTHORIZATION (page 1 of 2)**

**PURPOSE:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while involved in Holy Spirit Athletics, when parents or guardians cannot be reached.

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PART I OR PART II & III MUST BE COMPLETED

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**PART I: TO GRANT CONSENT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Room Preference if Not Life Threatening: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Group Number: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist : \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION LISTED ON REVERSE SIDE PART III.**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary to the above named child by the above named doctors, or, in the event the designated preferred practitioner(s) is/are not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**FACTS CONCERNING THE CHILD'S HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED ARE FOUND ON THE REVERSE SIDE PART IV.**

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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DO NOT COMPLETE PART II IF YOU COMPLETE PART I. DO COMPLETE PART III.

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**PART II: REFUSAL TO CONSENT**

Child's Name: \_\_\_\_\_

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the following action to be taken:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

**HOLY SPIRIT ATHLETIC PROGRAM  
EMERGENCY MEDICAL AUTHORIZATION (page 2 of 2)**

**PART III: PARENT/GUARDIAN INFORMATION**

Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

In the event this child becomes ill but does not need medical attention, name two people, i.e., relative, neighbor, child care provider, to be contacted if you cannot be reached.

1. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PART IV: MEDICAL INFORMATION**

List facts concerning the child's medical history, including allergies, medications being taken, any physical impairments or any medical information you deem important which a physician should be alerted to:

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