



# 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

**8<sup>th</sup> & 7<sup>th</sup> 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 Beth Flynn  
 Email: [eflynn@ccdoble.org](mailto:eflynn@ccdoble.org)  
 Fax: 216-334-1270