

**ATHLETIC DIRECTOR/COACH/GYM SUPERVISOR  
REGISTRATION/REVISION FORM**

(Revised 2021)

All new Athletic Directors must fill this form out in its entirety. As of the 2011-12 sports season, all returning Athletic Directors and coaches need only return this form if there are changes from the previous year (i.e.: new address, phone number, etc.)

**Check one:** New: \_\_\_\_\_ Revisions: \_\_\_\_\_ **Position:** A D: \_\_\_\_\_ Head Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_

**School you are representing:** \_\_\_\_\_

**Sport(s) you will be coaching:** Basketball Cheerleading Cross Country Soccer Track Volleyball

**Circle all that apply:** Boys Girls **Grade level:** 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
(Last) (First) (M) (M/F)

**Full Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
(Street) (City) (Zip)

**Home phone:** \_\_\_\_\_ **Work phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Insurance Coverage:** \_\_\_\_\_

**Religion/Church** \_\_\_\_\_ **Number of years with the CYO:** \_\_\_\_\_

**Concussion Training Completed:** (Yes) (No) **Date on Certificate:** \_\_\_\_\_

**Play Like A Champion:** (Yes) (No) **Where:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**VIRTUS TRAINED:** (Yes) (No) **Where:** \_\_\_\_\_ **Year:** \_\_\_\_\_

I am currently not PLC certified, but plan on attending the next available session: (Yes) (No)

I am currently not Virtus trained, but plan on attending on: \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Name of Facility)

**RELEASE AND WAIVER OF RESPONSIBILITY**

I hereby (for myself, my heirs, executors and administrators) waive and release any and all rights and claims for loss and/or damages I may have against the CYO, the above named church/school, the Diocese of Gary, the school, city or town in which the event is contested, their representatives, successors and assigns, for any and all injuries suffered by me in said event. I also give my permission for the free use of my name and/or picture in any telecast, broadcast or other account of CYO events.

I have also read, signed and fully understand, the purpose of the 'CYO Coach/Adult/Child Unsportsmanlike Conduct Policy'. I will, to the best of my ability, abide by this policy and the rules and guidelines of the CYO, and insist that all coaches, players, fans and personnel under my supervision, do the same while working with the CYO program in any capacity or while attending any CYO function.

Individuals participating in public school sports may not participate in comparable CYO sports. **Therefore, if an athlete makes their public school team, they are not eligible for the CYO team at any time during the season.** Failure to abide by this policy may result in removal of the child from the team and the team's forfeiture of the season. I assume full responsibility for my team's actions and understand that my lack of knowledge is not an acceptable excuse. I accept all consequences which could include my suspension for a justified length of time.

**Coach's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**A D's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To the best of my knowledge, the above named Athletic Director and/or coach, volunteering in the Diocesan CYO Athletic Program, has had the required Virtus training and background check and is suited to work with the young people of this parish/school in a manner that reflects Christian values and ideals.

\_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Pastor's Signature)

\_\_\_\_\_  
(Date)