

**CABRINI ATHLETIC DEPARTMENT**  
**15305 WICK ROAD ALLEN PARK, MI 48101**  
**(313) 388-0576 Fax (313) 429-1023**

**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:** \_\_\_\_\_