APPENDICES

A. Sample C.Y.A.A. Sports Permission Form

B. Emergency Form

C. Driver Information Form
- C.2 Transportation Procedures
- C.3 Off Campus Permission Form
- C.4 Field Trip Adult Liability Waiver
- C.5 Transportation of a Minor Person To/From School Campus

D. Sample Accident/Injury Report
- D.1 Student Accident Insurance
- D.2 Procedures for Student Injuries
- D.2a K&K Catholic Mutual Incident Report

E. Coaches Sign Off

F. C.Y.A.A. Incident Report
- F.1 C.Y.A.A. Issues & Concerns Form

G. Sample Grade Report

H. Sample Parent/Student Sign Off

I. Sample Consent for Emergency Care

J. Sample Athletic Medical Authorization

K. Volunteer Application Form

L. Volunteer Information Form

M. Tournament Participation Form
- M.1 C.Y.A.A. Tournament Withdrawal Form

N. C.Y.A.A. Tournament Site Form

O. Tournament Pitching Record

P. Football Rulings on Violations and Penalties

SAMPLE C.Y.A.A. SPORTS PERMISSION FORM

Name of School

I/We, the parent(s)/guardian(s) of _____ request

Name of child

that the school allow my child to participate in the C.Y.A.A. after school sports program at _____ School. I understand that this will include travel to other schools on an activity bus. Also due to league fees, update of uniforms and the cost of officials each participant will have to pay $10.00 per sport. This fee should be paid before the first game or arrangements made with the office or coach. This is non-refundable to those who drop out of the program, those who are suspended, and those who are academically ineligible due to grades or conduct. The participants are responsible for the uniforms and maintaining the condition in which they were given. If lost or damaged an additional $25.00 will be charged.

We hereby release and save harmless _____ School or any and all of its employees from any and all liability for any harm arising to my/our son/daughter as a result of participating in the C.Y.A.A. after school sports.

Sincerely,

_____ _____ _____

Parent/Guardian Signature Date Daytime phone

Check Sports for participation:

Boys: _____Flag Football _____Basketball _____Baseball

Girls: _____Volleyball _____Softball _____Basketball

_____Cheerleading

In case of an emergency please contact_____
at _____.

Roman Catholic Diocese of Phoenix

HEALTH AND EMERGENCY INFORMATION FORM _____ (School Year) **Appendix B**

_____

[School)

Student's Name	Date of Birth	Grade/Room	M F Sex
Student's Address	City, State, Zip		
Mother's/Legal Guardian's Name		Father's/Legal Guardian's Name	
( ) Daytime Phone	( ) Cell Phone	( ) Daytime Phone	( ) Cell Phone
Address (if different from Student's)		Address (if different from Student's)	

Alternative Emergency Contacts – If Parents Cannot be Reached

Primary Emergency Contact		Secondary Emergency Contact	
( ) Daytime Phone	( ) Cell Phone	( ) Daytime Phone	( ) Cell Phone

Student Health & Medical Information

Physician's Name	Phone Number
Dentist's Name	Phone Number
Name & Address of Preferred Hospital (if any)	Phone Number
Insurance Company	Group & Policy Number
Student's Allergies	Medications Student Takes Regularly

Special Health Considerations: _____

All students will receive basic first aid and emergency care as needed. By signing this form, I consent to these services being given to my student. I further agree that if emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the Student to be given medical care by the doctor or hospital selected by the School. I hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event the Student should be injured or stricken ill. I authorize the School to release medical information about my student to his/her care provider. I authorize the School to release care and custody of my student to the emergency contacts listed above. It is understood that the consent and authorization given hereby are continuing and apply throughout the current school year. It is further understood that insurance or parent of student will pay any expenses incurred. Payment of such expenses is not a school responsibility.

Signature of Parent/Legal Guardian	Date

THE ROMAN CATHOLIC
DIOCESE OF PHOENIX

Driver Information Sheet

Please complete one sheet for each driver and one sheet for each private vehicle used

Driver Information:

Name:_____ Date of Birth:_____

Address:_____ Phone #:_____

_____

Drivers License #:_____ Date of Expiration:_____

Private Vehicle Information (private vehicles used for church/institution purposes):

Name of Owner:_____ Model of Vehicle:_____

Address of Owner:_____ Make of Vehicle:_____

_____ Year of Vehicle:_____

License Plate # _____ Date of Expiration:_____

Insurance Information:

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company:_____ Policy #:_____

Date of Policy Expiration:_____ Liability Limits of Policy*:_____

**Please note: The minimal acceptable limits for privately owned vehicles is $100,000/$300,000*

Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that I must be 21 years of age or older to drive on behalf of parishes, schools or other insured entities. I must be 25 years of age or older to transport minors. I must possess a valid driver's license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle used.

I also certify that I have completed the "Be Smart – Drive Safe" defensive driving course located on our Catholic Mutual risk management website: Phoenix.CMGConnect.org.

_____ _____

Signature Date

2022

DIOCESE OF PHOENIX TRANSPORTATION POLICY

Policy Statement

As it carries out its mission in service of the Body of Christ, transportation is critical to many of the pastoral and charitable works of the Local Church. While never failing in this mission of service, we must at the same time seek to develop and implement practices aimed at limiting the risk associated with our transportation activities and protecting the financial and other assets that the faithful have made available to us specifically for the purpose of carrying out our mission. This risk management is the responsibility of all clergy, religious, lay employees, volunteers, and faithful in the Diocese of Phoenix. Adherence to the Transportation Policy is required of all parishes and schools in the Diocese as well as other diocesan institutions that participate in its Group Insurance Program.

Related policy information

1. Church*-owned Vehicles

a. Drivers must be 21 years of age or older.
b. If minors are transported, driver must be 25 years of age or older.
c. Drivers must have a valid driver's license and no physical disability that could in any way impair their ability to drive the vehicle.
d. Each driver must complete a "Driver Information Sheet" The sheets are retained on file for the duration of each individual's service as a driver.
e. Each driver must take the "Be Smart – Drive Safe" defensive driving course located on our Catholic Mutual risk management website: PHOENIX.CMGConnext.org.
f. Annual driving records must be obtained for frequent or regular drivers of parish or school vehicles. The record can be obtained from www.azdot.gov. The form is titled Motor Vehicle Record Request.
g. The use of 10 to 15 passenger vans to transport children or adults is prohibited. The vans may be used for cargo vans only if all but the two front seats are removed.
h. Beginning July 1, 2007 all vans and buses must meet Federal Motor Vehicle Safety Standards (FMVSS) for visibility, bus body structure requirements for rollover accidents, strength of body panel joints and occupant protection requirements for passenger seating and barriers. A copy of the FMVSS regulations can be obtained from Catholic Mutual Group.
i. Seat belts must be used at all times. Each occupant must have a seat belt. No passengers are permitted in the bed of a pick up or in the cargo area of a vehicle. This requirement does not apply to buses which are not equipped with seat belts, provided they meet the federal requirements as stated in §5.
j. Church*-owned vehicles may be driven outside of the United States only if adequate insurance is purchased for these occasions. If such a trip is planned, the Diocesan Claims/Risk Manager must be consulted.

2. Personal Vehicles used for Church* Business

a. Drivers must be 21 years of age or older.
b. If minors are transported, driver must be 25 years of age or older.
c. Drivers must have a valid driver's license and no physical disability that could in any way impair their ability to drive the vehicle.
d. The attached driver information form must be completed for each driver and kept in parish/school files.
e. The use of 10-15 passenger vans to transport children or adults is prohibited. The vans may be used for cargo vans only if all but the two front seats are removed.
f. The vehicle must be currently registered and in good operating condition and have all safety equipment as required by law.
g. The vehicle must be insured for the following minimum liability limits: $100,000 per person and $300,000 per accident.
h. Vehicles owned by our parishes, schools and other insured entities may ONLY be driven outside of the United States IF adequate insurance is purchased for a particular occasion. IF such a trip is planned, the Diocesan Claims/Risk Manager must be consulted.

3. Rented/leased vehicles

a. The rental or lease of 10-15 passenger vans to transport children or adults is prohibited.
b. When a vehicle is being rented or leased and the following conditions are met, liability insurance must be purchased from the rental agency: (a) minors will be transported in the vehicle or (b) non-church*-employees will be transported in the vehicle.
c. If vehicle will be driven to Mexico, purchase Mexican Insurance. Make two copies and keep one in the vehicle and one with the group leader.

4. Chartered Vehicles

a. Obtain a Certificate of Auto Liability naming the Diocese and location as an additional insured. Minimum liability limits are $1,000,000 combined single limit. If more than 15 people are being transported then minimum acceptable limits are $5,000,000 combined single limit.

*The use of the word "church" here refers to all institutions of the Diocese of Phoenix that participate in its group insurance program.

Roman Catholic Diocese of Phoenix
OFF-CAMPUS PERMISSION FORM
(attach Emergency Card - Appendix B)

Appendix C.3

_____
Name of School

I, the Parent/Legal Guardian of _____ (the "Student") request that the School allow the Student to participate in the following off-campus activity:

Description of Activity:_____
Date of Activity:_____
Destination:_____
Person in Charge:_____
Estimated Departure & Return Times:_____
Mode of Transportation:_____
Educational Objective:_____

I give permission for the Student's participation in this activity. As Parent/Legal Guardian, I remain fully responsible for any legal responsibility resulting from any personal actions taken by the Student. I understand that the Student will be under the supervision of the designated school personnel and chaperones and that all school rules will be in effect.

In consideration for the Student's participation, on behalf of myself, the Student and our heirs, assigns, executors and personal representatives, I hereby release, absolve, indemnify and agree to hold harmless the School, the Roman Catholic Church of the Diocese of Phoenix (the "Diocese"), and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors of said trip from any and all liability for any and all injury that may arise out of participation in this activity. I understand that such an undertaking involves an element of risk. I hereby expressly assume all risks and hazards incidental to participation in this activity.

I represent and certify that I, as parent/guardian of the Student, have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

_____	_____	_____
Signature Parent/Guardian	Please Print Name	Date

_____	_____	_____
Phone Number(s)		

Roman Catholic Diocese of Phoenix
FIELD TRIP
ADULT LIABILITY WAIVER

Appendix C.4

_____
Name of School

I desire to participate in the following off-campus activity:

Description of Activity:_____

Date of Activity:_____

Destination:_____

Person in Charge:_____

Estimated Departure & Return Times:_____

Mode of Transportation:_____

Educational Objective:_____

In consideration for my participation, on behalf of myself and my heirs, assigns, executors and personal representatives, I hereby release, absolve, indemnify and agree to hold harmless the School, the Roman Catholic Church of the Diocese of Phoenix (the "Diocese"), and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors of said trip from any and all liability for any and all injury that may arise out of participation in this activity. I understand that such an undertaking involves an element of risk. I hereby expressly assume all risks and hazards incidental to participation in this activity.

I represent and certify that I have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

_____	_____	_____
Signature	Please Print Name	Date

_____	_____
Phone Number(s)	

Roman Catholic Diocese of Phoenix
TRANSPORTATION OF MINOR PERSON TO/FROM SCHOOL CAMPUS

The Catholic Diocese of Phoenix "Diocesan Policy and Procedure for the Protection of Minors" as it pertains to Diocesan Personnel provides, in part, that "Field trips or other outings involving a minor in places and situations where no other responsible adults are present…" are to be avoided. The directive of this provision requires that another adult should accompany Diocesan personnel who transport minors to and from field trips and outings.

Because of the limited number of participants in the _____ (name of program) of ____ _____(name of school) and the time of day in which program events will occur, it may not always be possible to have two adults occupying each vehicle transporting minors to and from the programs.

The Diocese permits **exceptions to this policy** only upon a showing by the school that:
1) a school has made reasonable efforts to have two adults present in such vehicles, but without success; and 2) a parent or guardian of any student participating in such program has consented in writing to allow such student to be transported in a vehicle occupied by only one adult. However, for the exception to apply the parent/guardian of the minor person must consent in writing.

I, _____, of _____
(name of parent/guardian) (name of minor student)
have selected one of three alternatives below by checking the applicable box to indicate selection:

☐ (1) **CONSENT OF PARENT/GUARDIAN TO ALLOW FOR EXCEPTION TO POLICY.**
I, _____, parent/guardian of _____, (name of student) a participant in the _____ (name of program) of _____(name of school) hereby consent to allow the student named above to travel to and from program events in a vehicle occupied by a single adult person at any time during the _____school year. I further acknowledge that I have instructed my minor child to occupy only the rear seat(s) of such vehicle. I agree that if I wish to revoke this consent I will do so in writing and deliver such revocation to the Principal of the school. I further consent subject to the following additional conditions (if any): _____
_____

☐ (2) NON-EXCEPTION
I, _____, parent/guardian of _____, choose to have my child always travel in a 2 adult vehicle.

☐ (3) ASSUMPTION OF TRANSPORTATION RESPONSIBILITY
I, _____, parent/guardian of _____, will solely provide transportation for my child to all activities away from the school campus.

_____
(signature of parent/guardian)

_____
(print name of parent/guardian)

State of Arizona
County of _____

Subscribed and sworn to before me this _____day of _____, 20____.

_____
Notary Public

My commission expires: _____

Policy 3-1 Catholic Schools
Appendix G.6
11/2011

ACCIDENT/INJURY REPORT

Time of day _____

Where did the Accident/Injury occur _____

Equipment involved _____

People involved _____

Witnesses: Name _____

Address _____
Street City Zip

Telephone _____

Name _____

Address _____
Street City Zip

Telephone _____

Describe the Accident/Injury

What action was taken

First Aid administered

First Aid administered by _____

What calls were made: (please circle those that apply)

911 Doctor/Clinic Parents/Guardians Hospital

_____ Other No phone call needed

Appropriate school personnel were notified: YES NO

_____ _____
Signature Date

Give completed Accident/Injury Report to the principal for the student's health file.

STUDENT ACCIDENT INSURANCE

Any student enrolled in a Diocese of Phoenix Nursery, Pre-School, Kindergarten, Elementary, or Secondary School, will be provided accident insurance worldwide while on school grounds when school is in session, while taking part in a school sponsored and supervised activity, or while attending school sponsored and supervised religious services or instruction. If a student suffers a covered "accidental injury," he/she will be eligible for benefits by completing the proper claim documentation which will be available in the school office. The program pays in excess of any collectible insurance.

* This description is for informational purposes only, please refer to the policy for actual coverage, conditions, and restrictions that may apply.

For any participant from a school that is not part of the Diocese of Phoenix, such school participate in the C.Y.A.A. Athletic Program will be solely responsible for obtaining its own insurance coverage covering its students for all claims arising out of participation in the C.Y.A.A. Athletic Program.

All accidents and injuries should be reported to the school principal. See procedures and forms that follow.

PROCEDURES FOR STUDENT INJURIES

The Diocese of Phoenix has supplemental insurance for students who have been injured on the school campus or at school sponsored events. K & K Insurance is the insurance company that provides all school and preschool insurance at no cost to the parents. This insurance will pay out-of-pocket cost and/or any copayments not covered by parent's insurance. If the parent does not have insurance, then K & K becomes the primary insurance for the student.

In case of an injury to a student which requires medical treatment:

1. A K & K Insurance Catholic Mutual Participant Accident Insurance Claim Form is to be completed.
    - The report is to be signed by the principal, nurse, or assistant principal
    - A copy of the signed incident report is filed
    - A copy if FAXed to K & K Insurance Participant Accident Unit at (260) 459-5915
    - A copy is also FAXed to Catholic Mutual, attn: Kathy Tuley, Claims Risk Manager, at (602) 354-2182.
2. A K & K insurance form and accompanying information is given to parent.
    - The Incident Report is completed by the school and the original is given to the parent
    - The Claim Form (Part II) should be completed by the injured party's parent. The parent must attach necessary medical paperwork and mail to K & K Insurance.
    - Parent should be told that time constraints apply
3. Contact Catholic Mutual Office – Kathy Tuley at (602) 354-2181
    - Serious injury
    - Upset parent
    - Any other concerns
4. Check for an updated K & K account number for the diocese at the beginning of each school year. New forms may be required.

K&K INSURANCE

Catholic Mutual
PARTICIPANT ACCIDENT INSURANCE CLAIM FORM

(NOTE To the Participant/Parent/Guardian: Report and Claim Form will be returned if not fully completed and signed.)

Basic Procedures for Submitting the Incident Report and Participant Accident Insurance Claim Form

1. The Parish/School Administrator or Pastor will complete the incident report, sign and date where indicated.

2. The participant or participant's parents/guardian will complete the Accident Medical/Insurance Claim form.

3. Forward the completed Incident Report and Accident Medical/Insurance Claim forms to K&K Insurance Group. BOTH reports should be submitted to K&K at the same time.

PLEASE NOTE: Processing may be delayed if the Report and Accident Medical/Insurance Claim forms are not fully completed, signed and sent together.

To the Participant/Parent/Guardian:

Attach current itemized physician, hospital, or other provider's bills for accident medical expenses being claimed as well as the primary carrier's Explanation of Benefits showing their payments and denials. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made.

MAIL TO:

K&K INSURANCE GROUP, INC.
Claims Department
P.O. Box 2338
Fort Wayne, Indiana 46801-2338
(800) 237-2917

For general claims questions or status of a claim call:
800-237-2917, option 1. or efax: 312-381-9077

Department email: KK_PAClaims@kandkinsurance.com *(to be used when forwarding new claims and attachments for existing claims)*

K&K INSURANCE

On behalf of Nationwide Insurance

1712 Magnavox Way P.O. Box 2338
Fort Wayne, Indiana 46801
ph (800) 237-2917
Fax (312) 381-9077 for Participant Accident Unit
http://www.kandkinsurance.com

Catholic Mutual INCIDENT REPORT

(PLEASE PRINT)

INSURED	NAME OF INSURED: Diocese of Phoenix POLICY#: FPX30272-00 & FPX300270-00 PARISH/SCHOOL:_____ CITY/STATE:_____
TIME & PLACE OF INCIDENT	DATE:_____ TIME:_____ ❑ AM ❑ PM ACTIVITY:_____ EVENT TYPE:_____ LOCATION:_____
HAPPENED TO	NAME:_____ SSN:_____ DATE OF BIRTH: _____ SEX: ❑ Male ❑ Female PHONE: ( )_____ ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____
FUNCTION	AS: ❑ PARTICIPANT ❑ VOLUNTEER ❑ STUDENT ❑ OTHER:_____
APPARENT INJURY OR DAMAGE	BODY PART:_____ CONDITION: (Laceration, Concussion, Sprain, Fracture, Etc.):_____ ❑ ON-SITE CARE ONLY, BY (PHYSICIAN) (EMT) (TRAINER) OTHER:_____ ❑ AMBULANCE, TAKEN TO:_____ CITY:_____ ❑ FATALITY
OCCASION	WHAT WAS THE SITUATION AND EXACT LOCATION AT THE TIME OF THE INCIDENT?_____
INCIDENT DESCRIPTION	DESCRIBE WHAT HAPPENED:_____
WITNESSES (If known)	NAME:_____ NAME:_____ ADDRESS:_____ ADDRESS:_____ PHONE: ( )_____ PHONE: ( )_____
PASTOR/PARISH/ SCHOOL ADMINISTRATOR	NAME:_____ PHONE: ( )_____ TITLE:_____ ORGANIZATION:_____ SIGNATURE:_____ DATE:_____

COMPLETE ALL SECTIONS AND FAX OR MAIL IMMEDIATELY TO:
K&K INSURANCE GROUP, INC., P.O. BOX 2338, FORT WAYNE, IN 46801-2338
THIS FORM MUST INCLUDE THE INSURED NAME, POLICY NUMBER, AND SIGNATURE OF THE INSURED/REPRESENTATIVE BEFORE RETURNING OR PROCESSING MAY BE DELAYED

1029_5_10 CATHMUT

K&K INSURANCE
On behalf of Nationwide Insurance

1712 Magnavox Way P.O. Box 2338
Fort Wayne, Indiana 46801
(800) 237-2917 Fax (312) 381-9077
email: KK_PAClaims@kandkinsurance.com
http://www.kandkinsurance.com

Catholic Mutual
ACCIDENT MEDICAL INSURANCE CLAIM FORM

Insured Name: Diocese of Phoenix

Policy Number: FPX30272-00 & FPX300270-00

IT IS IMPORTANT THAT ALL INFORMATION REQUESTED ON THIS CLAIM FORM BE FURNISHED. OMISSION OF VITAL INFORMATION WILL CAUSE DELAY IN CLAIM PROCESSING.

TO BE COMPLETED BY INJURED PERSON OR PARENT

PART II

MEDICAL BENEFITS UNDER THIS POLICY MAY PROVIDE PRIMARY, EXCESS OR A COMBINATION OF BOTH COVERAGES. UPON RECEIPT OF THIS CLAIM FORM , AN ACKNOWLEDGEMENT LETTER WILL BE SENT TO YOU ADVISING WHAT SPECIFIC BENEFITS YOU ARE ENTITLED TO.

IF THE MEDICAL BENEFIT IS EXCESS, YOUR CLAIM SHOULD BE SUBMITTED TO THE INSURANCE COMPANY PROVIDING COVERAGE TO YOU THROUGH YOUR OWN OR YOUR PARENT'S PERSONAL HEALTH PLAN, YOUR EMPLOYER OR GOVERNMENTAL HEALTH PLAN. AFTER OTHER INSURANCE BENEFITS HAVE BEEN SUBMITTED, YOU SHOULD FORWARD A COPY OF THE OTHER INSURANCE COMPANY'S EXPLANATION OF BENEFITS AND THE CORRESPONDING ITEMIZED MEDICAL STATEMENTS. IF YOUR INSURANCE COMPANY DENIES BENEFITS, SEND A COPY OF THEIR DENIAL.

WE WILL NOT PROCESS YOUR CLAIM WITHOUT EMPLOYER INFORMATION. IT IS IMPERATIVE THAT WE RECEIVE ALL DATA REQUESTED. TIMELY RECEIPT OF REQUESTED INFORMATION WILL HELP EXPEDITE PROCESSING OF YOUR CLAIM.

INJURED PERSON:_____

FATHER'S NAME (if injured is a minor)_____

EMPLOYER NAME:_____

EMPLOYER ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE: (_____)

GROUP INSURANCE COMPANY:_____

POLICY NUMBER:_____

INSURANCE COMPANY ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

SOCIAL SECURITY NUMBER:_____

SIGNATURE:_____

SPOUSE'S NAME (if applicable):_____

MOTHER'S NAME (if injured is a minor)_____

EMPLOYER NAME:_____

EMPLOYER ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE: (_____)

GROUP INSURANCE COMPANY:_____

POLICY NUMBER:_____

INSURANCE COMPANY ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

SOCIAL SECURITY NUMBER:_____

SIGNATURE:_____

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE K&K OR ITS REPRESENTATIVES TO FURNISH TO ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER, ANY AND ALL INFORMATION WITH RESPECT TO THE ACCIDENTAL INJURY FOR WHICH I AM CLAIMING INSURANCE BENEFITS.

I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZE ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER OR EMPLOYER, TO FURNISH TO K&K OR ITS REPRESENTATIVES ANY AND ALL INFORMATION WITH RESPECT TO ANY SICKNESS OR INJURY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPIES OF ALL HOSPITAL, MEDICAL, OR INSURANCE RECORDS INCLUDING, BUT NOT LIMITED TO, INFORMATION REGARDING OTHER INSURANCE COVERAGES. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL.

I UNDERSTAND THIS AUTHORIZATION IS NECESSARY TO FACILITATE THE OBTAINING AND PROVIDING OF INFORMATION NEEDED TO QUICKLY PROCESS MY CLAIM.

SIGNED:_____ DATE:_____

Please Note: If injured person is a minor, signature must be of parent or legal guardian.

1029_5_10 CATHMUT

APPLICABLE IN ALASKA
A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA
For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, SOUTH DAKOTA, TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA
Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA
For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA
Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines.

APPLICABLE IN FLORIDA
Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII
For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO
Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA
A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN MARYLAND
Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA
A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA
Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE
Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN OHIO Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA
WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN RHODE ISLAND
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN WASHINGTON
It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD CLAIMS (2010/02)

Dear Participant: If you have an appointment with a doctor as the result of a sport related injury, please show this document to the doctor's insurance secretary. You should be identified as a member of the following preferred provider networks and/or their affiliates.

Dear Doctor or Provider: This document indicates that this patient is a participant in the following preferred provider networks and/or their affiliates:

The First Health Network

HYGEIA

INSTRUCTIONS FOR COMPLETING THE ACCIDENT INSURANCE FORM TO THE INJURED PERSON/PARENT /GUARDIAN

To the injured person/parent/guardian:

Complete part II of this claim form. Attach current itemized physician, hospital, or other provider's bills for accident medical expenses as well as the primary carrier's explanation of benefit showing their payment and denial. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred, and the charges made. Return this form to K&K Insurance Group, Inc. Please note: Claim forms will be returned if not fully completed and signed. Omission of vital information will cause a delay in claim processing.

1029_5_10 CATHMUT

C.Y.A.A. COACH SIGN OFF

School Year:_____ Season:_____

I have read the philosophy, policies, rules and regulations contained in the Catholic Youth Athletic Association (C.Y.A.A.) Code of Conduct and Handbook. I agree to abide by these and all policies approved by the Diocese of Phoenix. I agree to abide by the C.Y.A.A. Philosophy and the obligations set forth in the Role of the Coach in the C.Y.A.A. Code of Conduct.

I understand and acknowledge that accidents resulting in injury occasionally occur during such activities as I will be engaging in and agrees to fully assume any and all risk of harm or injury which may occur to me during my time as a C.Y.A.A. Coach. I will release and hold harmless the Diocese of Phoenix, the C.Y.A.A. and their officers, agents, employees, students and volunteers from any and all claims, actions or causes of actions that arise from my activities as a C.Y.A.A. Coach.

Coach's Signature _____

Date

Principal's Signature _____

Date

C.Y.A.A. INCIDENT REPORT

Person(s) involved in incident Name(s) _____

Address(es) _____
Street City Zip

Telephone(s) _____

Place incident occurred _____

Date of incident _____ Time incident occurred _____ a.m. or p.m. (circle)

Witnesses: Name _____

Address _____
Street City Zip

Telephone _____

Name _____

Address _____
Street City Zip

Telephone _____

Description of incident, please give a full and complete description of what occurred. Use back if necessary.

Give one copy to the principal and send one copy (with principal's approval) to C.Y.A.A. Board, 400 E. Monroe St., Phoenix, AZ 85004.

_____ _____
Signature Date

_____ _____
Principal Signature Date

C.Y.A.A.
ISSUES & CONCERNS
FORM

Please describe in detail the issue or concern below.

Date of incident _____

Location of incident _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please attach Form F and any other information and send to Catholic Schools Office,
Attn: C.Y.A.A.

SAMPLE GRADE REPORT

Date: Student Name:	Religion/Conduct		English/Conduct		Math/Conduct		Science/Conduct		Soc. Stud./Conduct		Other/Conduct	
Teachers initials:												

SAMPLE PARENT/STUDENT SIGN OFF

_____
Name of School

_____
School Year

I/We have read the philosophy, roles, rules and regulations contained in the parent/student handbook regarding the Catholic Youth Athletic Association (C.Y.A.A.).

I/We agree to abide by these and all policies approved by the school and the Diocese of Phoenix for students attending_____School.

Student Signature_____Date_____

Parent Signature_____Date_____

SAMPLE CONSENT FOR EMERGENCY CARE

_____
Name of School

Student_____ Grade_____

BE IT KNOWN that I, the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment, or care to said student, as in the judgment of said doctor or hospital, may be required on an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid by insurance or the parent of the student. Payment of the expense is not a school responsibility.

DATED the _____day of _____, 20_____

_____ _____
Parent/Guardian Signature Date

_____ _____
Parent/Guardian Signature Date

Family Physician_____

Insurance Carrier_____ Policy/Group #_____

Home Address_____

Home Phone_____

Father's Work Phone_____

Mother's Work Phone_____

SAMPLE ATHLETIC MEDICAL AUTHORIZATION

_____

Please Print: (Last Name) (First Name) (Initial)

Grade_____

Birthdate_____

Eyes R_____ L_____ Glasses_____ Hearing R_____ L_____ Height_____ Weight_____

Ear, Nose, Throat_____ Lungs_____

Urinalysis_____ Diabetes_____ Pulse_____

Blood Pressure and Heart_____ Heart Murmur_____

Deformities or present illness_____ Prosthesis_____

Hernia evidence_____ Concussion_____ Epilepsy_____ Other_____

Would athletic competition be injurious?_____

I hereby certify that, on this date, I examined the above student and recommend him/her as being physically able to participate in all supervised athletics and physical education activities, except as noted:

_____ _____

Date Signature of Examining Physician

Health History

_____allergy to bee sting
_____anemia
_____arthritis
_____asthma
_____concussion
_____diabetes
_____eczema
_____emotional problems
_____epilepsy
_____fainting
_____heart murmur
_____hepatitis
_____hernia
_____hives
_____kidney trouble
_____migraine headaches
_____pneumonia
_____rheumatic fever
_____other
_____

operations:_____
(Include year)

fractures:_____
(Include year)

To which drugs is the student allergic?_____

If student is now under medical treatment list reason and attending doctor:_____

_____

Appendix K

Catholic Diocese of Phoenix

Volunteer Application

ıe **Catholic Diocese of Phoenix** appreciates your willingness to share your faith, time and talents. Providing safe and secure ɔgrams for our members is of utmost importance to us. The information gathered in this application is designed to help us cure a safe environment for the people of our community. For your privacy, this form will be stored in a secured locked facility.

For Office Use Only: LAST NAME: FIRST NAME: DATE:

PERSONAL INFORMATION

Last Name, Suffix (i.e., Jr/Sr.)	First Name		Middle Initial	Date of Birth
Street Address	City	State	Zip	Gender: ☐ Male ☐ Female

Length at current address _____ Years _____Months If you have resided at this location less than 3 years list previous address(es) below.

Most Recent Previous Address	City	State	Zip
Additional Previous Address	City	State	Zip

Home Phone Number	Cell Phone Number	Email Address

PRIMARY VOLUNTEER INFORMATION

Primary Volunteer Location

Parish ☐ School ☐ Both ☐

Primary Parish Name

Are you a registered Parishioner

Yes ☐ No ☐

Primary School Name

List the name of child(ren) attending Catholic School

Type of Volunteer

☐ Work in food pantry, meal service, provide ministerial service in private homes (i.e., St Vincent De Paul (SVDP)/Pastoral Care)

☐ Serves minors

☐ None of the above

List the name of all titles/ministries in which you desire to participate (i.e., Catechist, Coach, Choir, Eucharistic Minister, Knights of Columbus, Ladies Auxiliary, Lector, Money Counter, Pastoral Care, SVDP, Youth Ministry, etc.)

What interests you about serving in the above listed ministry(ies)?

What has prepared you to serve in the above listed ministry(ies)?

ADDITIONAL VOLUNTEER LOCATIONS WITHIN THE DIOCESE OF PHOENIX

1) Parish/School Name & City:

☐ Work in food pantry, meal service, provide ministerial service in private homes (i.e., St Vincent De Paul (SVDP)/Pastoral Care)

☐ Serves minors

☐ None of the above

2) Parish/School Name & City:

☐ Work in food pantry, meal service, provide ministerial service in private homes (i.e., St Vincent De Paul (SVDP)/Pastoral Care)

☐ Serves minors

☐ None of the above

3) Parish/School Name & City:	**4) Parish/School Name & City:**
☐ Work in food pantry, meal service, provide ministerial service in private homes (i.e., St Vincent De Paul (SVDP)/Pastoral Care) ☐ Serves minors ☐ None of the above	☐ Work in food pantry, meal service, provide ministerial service in private homes (i.e., St Vincent De Paul (SVDP)/Pastoral Care) ☐ Serves minors ☐ None of the above

VOLUNTEER HISTORY ☐ Check here if you do not have volunteer history

Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name	Title			
Phone Number	E-mail Address			
Volunteer Organization	Position	Start Date	End Date	Duties
Street Address	City	State	Zip	
Contact Name	Title			
Phone Number	E-mail Address			

EMPLOYMENT ☐ Check here if you are not currently employed

Current Employer:	Position		Years Employed
Street Address	City	State	Zip

REFERENCES

(A minimum of three required. If residing in Diocese of Phoenix less than three years two of the references must be from previous location)

Reference Name (**Professional**)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference ☐ Yes ☐ No
Reference Name (**Professional**)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference ☐ Yes ☐ No
Reference Name (**Personal**)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference ☐ Yes ☐ No

Reference Name (**Personal)**	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference ☐ Yes ☐ No
Reference Name (**Personal**)	Address (Street/City/State/Zip)	Daytime Phone Number
Email Address	How long have you known this reference?	Agreed to be a reference ☐ Yes ☐ No

BACKGROUND CHECK INFORMATION

Have you changed your last name in the past 5 years? ☐ Yes ☐ No
If yes, was name change due to a marriage/divorce? ☐ Yes ☐ No

What was your previous last name? _____

Have you ever been accused of or arrested for physically, sexually, or emotionally abusing a child or an adult?

☐ Yes ☐ No If Yes, Explain _____

Have you ever been arrested, indicted, awaiting trial or ever admitted to committing a misdemeanor or felony?
☐ Yes ☐ No
If yes, please list the offense, date, jurisdiction and outcome. _____
_____

Do you have any outstanding warrants, either in Arizona or in any other state? ☐ Yes ☐ No
If yes, list reason for warrant._____

Is there anyone living in your home that is a registered sex offender, been accused of or is awaiting trial for a criminal offense against a child? ☐ Yes ☐ No
If yes, what is your relationship. _____

FOUNDATION SAFE ENVIRONMENT TRAINING CLASS INFORMATION

Class Name _____ Date _____

Location of Class _____

DECLARATION – Please read each statement and *initial* on the lines below *(Do not make check marks).*

(**initials only**)
_____ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application or dismissal from my ministry involvement.

(**initials only**)
_____ I understand that a background check may be conducted prior to and during my service. I authorize investigations of all statements contained in the application.

(**initials only**)
_____ I agree to observe all Catholic Diocese of Phoenix guidelines and policies for the program in which I am applying.

***** PLEASE SIGN BELOW AFTER YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.**

Applicant Signature: _____ Date: _____

Trainer Review

I verify applicant completed the initial training, application and that each declaration statement has been initialed.
Trainer Initials: _____ Date: _____

Office Use Only
Interview Complete ❑ Yes ❑ No
Reference Checks Complete (Minimum of Three) ❑ Yes ❑ No
Approved to Volunteer ❑ Yes ❑ No ❑ Yes With Listed Restriction(s) _____

Appendix L

ROMAN CATHOLIC DIOCESE OF PHOENIX
DIVISION OF EDUCATION & EVANGELIZATION
CATHOLIC SCHOOLS VOLUNTEER INFORMATION SHEET

Name:_____ School:_____

Street Address:_____
City Zip

Phone: (H)_____ (W)_____ Social Security #:_____

Please indicate if you are awaiting trial on, have ever been convicted of, or have ever admitted committing any of the following criminal offenses in the State of Arizona or similar offenses in another jurisdiction. Check all that apply:

_____ Sexual abuse of a minor

_____ First or second degree murder

_____ Arson

_____ Commercial sexual exploitation of a minor

_____ Burglary

_____ A dangerous crime against children as defined in A.R.S. 13-604.01

_____ Sexual conduct with a minor

_____ Voluntary manslaughter

_____ Incest

_____ Kidnapping

_____ Contributing to the delinquency of a minor

_____ Felony offenses involving distribution of marijuana or dangerous or narcotic drugs

_____ Robbery

_____ Child Abuse

_____ Molestation of a child

_____ Aggravated assault

_____ I hereby certify that I am not awaiting trial on, have never been convicted of, and have never admitted committing any of the above criminal offenses in the State of Arizona or similar offenses in another jurisdiction.

Signature of applicant:_____ Date:_____

To be completed by a Notary Public:

Signature of Notary_____ Date_____

Date License Expires_____ Affix seal here:

TOURNAMENT PARTICIPATION FORM
Please submit a separate form for girls and boys sports for each season

_____ (indicate # of teams) Our 7th/8th grade team(s) will be participating in the C.Y.A.A. _____ fall tournament
_____ winter
_____ spring

School:_____

Coach:_____

Home Phone:_____

****This form must be turned in at tournament meetings.**

Please submit a separate form for girls and boys sports.

C.Y.A.A.
TOURNAMENT WITHDRAWAL
FORM

Tournament withdrawing from _____

School Name _____

Team Grade _____

Reason for Withdrawal _____

_____

_____

Date of Withdrawal _____

Athletic Director _____

Principal _____

Please email form to:

Naz Felix for Girls' sports nfelix@stagnesphx.org

Andy Kiltz for Boys' sports andykiltz@aol.com

C.Y.A.A.
TOURNAMENT
SITE FORM

Tournament Location _____

Tournament Dates _____

Time designated _____

Contact Name _____

Contact #'s (2) _____

_____

Fees _____

Maintenance Required YES NO

Site Reserved: Gym Baseball field Softball field Other

Please describe designated area or gym below:

_____

Appendix O

CYAA TOURNAMENT PITCHING RECORD

Date: _____ Coach: _____

Phone (W): _____

Team: _____ Phone (H): _____

Pitching Regulations: There must be 4 days rest between 6 innings pitched within a 7 day period. (Updated July, 2009)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Appendix P

FOOTBALL RULINGS ON VIOLATIONS AND PENALTIES
KEY: FOR THE FOLLOWING TABLE
L.O.S. - LINE OF SCRIMMAGE
S.O.F. - SPOT OF FOUL
BOTH – L.O.S. & S.O.F.
L.O.D. - LOSS OF DOWN
A.F.D. - AUTOMATIC FIRST DOWN

VIOLATION DEF	PENALTY	DOWN	ENFORCED FROM	OFF.