

Parent Consent, Emergency Medical Information, and Medical Release

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of serious injury, illness or death, and in consideration for the League "United Spring Football" and its members accepting my child as a participant in its official programs, I consent to my child participating in Spring Tackle Football. Further I hereby release, discharge, and otherwise indemnify the United Spring Football League, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owners of the fields and facilities utilized for the Program, against any claim by or on behalf of my child as a result of participating within the United Spring Tackle Football League.

AFFADAVIT OF MEDICAL RELEASE

My child has received a physical examination by a licensed health care provider within the past two years and has been found physically capable of participating in the sport of football.

I give my consent to have an athletic trainer and/or licensed health care provider, including a medical doctor or dentist, provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian _____ Date _____

ASSOCIATION/TEAM NOTE

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.