

Claremore Youth Football Association

Parent/Guardian Consent and Player Medical Release Form

Player's Name _____ Date of Birth _____ Gender _____

Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

In an emergency, when parents cannot be reached, please contact:

Name _____ Phone _____

Allergies _____

Other Medical Conditions _____

Player's Physician _____ Phone _____

Medical and/or Hospital Insurance Company _____ Phone _____

Policy Holder _____ Policy# _____ Group# _____

Parent/Guardian Consent and Medical Release

Recognizing the possibility of injury or illness, and in consideration for Claremore Youth Football Association and member of Claremore Youth Football Association accepting my son/daughter as a player in the football/cheer programs and activities of Claremore Youth Football Association and its members, I consent to my son/daughter participating in the program. Further, I hereby release, discharge, and otherwise indemnify Claremore Youth Football Association, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs.

I give my consent to have an athletic trainer and/or licensed medical director or dentist provide my son/daughter with medical treatment 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