

# 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