

LINDON YOUTH FOOTBALL

(All items in each section need to be completed prior to participation)

Player _____ B-Date _____

Parent/Guardian _____

Address _____

Primary Care Physician _____ # _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Co. _____ Policy # _____

Medications on: _____

Allergies to Medications: _____

CONSENT FOR ATHLETIC EMERGENCY CARE

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent of guardian of the player above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aide, 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 a Lindon Youth Football activity.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current season.

IT IS FURTHER understood that any expenses incurred will be paid for by insurance or the parent of the player. Payment of the expense is not a Lindon Youth Football responsibility.

___ Yes, I give my consent.

___ No, I do not give my consent.

Signature of Parent / Guardian

Parent or Guardian's Permit to Participate

(To be signed by the parent and player)

I/we acknowledge that he/she will engage in all activities related to the team including trying out, practicing, playing and travel. I/we realize that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

I/we acknowledge that I/we have read and understand this warning. I/we hereby agree to exonerate and save harmless Lindon Youth Football/UCFC, its agents, servants, including coaches, trainers, and all practitioners of the healing arts treating my son/daughter, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my son's/daughter's participation in any activities related to football.

Signature of Parent/Guardian Date

Signature of Player/Athlete