

MID-STATE YOUTH FOOTBALL & CHEERLEADING CONFERENCE

20____ EMERGENCY CONTACT & PARENTAL RELEASE and UNDERSTANDING FORM

(PRINT OR TYPE)

- 1) This Emergency Contact & Parental Release and Understanding for must be dated, signed and submitted prior to the first practice at the start of the 20____ season. (August 1, 20____)
- 2) **No** players or cheerleaders will be allowed to participate in any Mid-State Youth Football & Cheerleading Conference activities until this form is completed and on file.
- 3) This form once completed will be kept with each teams medical kit in the event that an emergency situation should arise.

CHILD'S NAME	_____ (Last)	_____ (First)	_____ (Middle Initial)
ADDRESS	_____		
CITY	_____ STATE _____	ZIP _____	
PHONE	_____		
HEALTH INSURANCE CARRIER	_____		
KNOWN ALLERGIES	_____	MEDICATION(S)	_____

EMERGENCY PHONE NUMBERS

IN THE EVENT THAT I/WE NEED TO BE REACHED DURING EITHER PRACTICE OR A GAME, YOU MAY REACH ME/US OR THE FOLLOWING AT: (PLEASE LIST (4) INCLUDING YOURSELF)

NAME	PHONE #

STATEMENT OF PARENTAL RELEASE AND UNDERSTANDING

We the parent(s)/guardian(s) for the above named participant hereby give my/our approval for our child's participation in any or all activities during the current season. I/We understand and agree to the following items:

1. That the above named is physically fit to play in accordance with the Physical Form we have on file.
2. That I/We assume all risks and hazards incidental to such participation, including transportation to and from any and all activities. I/We understand that injuries may result from playing football or cheerleading. The coaching staff reserves the right, after consultation with the parent(s)/guardian(s), to withhold from further participation in either practice or game any child that they feel is no longer fit to participate.
3. I/We agree to be financially responsible for the equipment my/our child has been issued. I/We will reimburse the **Mid-State Conference and/or local league** that issued the equipment for the loss of and/or damage to said equipment beyond normal wear and breakage.
4. **Mid-State Conference and/or local league** reserves the right to discipline any of its' participants for conduct that is considered inappropriate or detrimental to the program. If such an instance should occur, a conference shall be held with you the parent/guardian and all other parties involved to determine what measures shall be taken including suspension from any/or all further activities. **THE THROWING OF EQUIPMENT SHALL NOT BE TOLERATED.**

EMERGENCY MEDICAL RELEASE

I/We the parent(s)/guardian(s) give our permission for any emergency medical treatment either on the practice or game field. I/We authorize any emergency personnel, hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including the supervised travel to and from said function. I/We agree to be financially responsible through either our health insurance carrier or by another means for any costs incurred due to the providing of emergency medical treatment.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____