

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 _____