



Tigers Youth Football

Consent/Authorization and General Release from Liability

Players Name: _____ Birth Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

In case of Emergency, Notify:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

I hereby give my consent for my child, _____,
to participate in the activities of the Tigers Youth Football League.

I know of no health or fitness restriction(s) that precludes his/her participation. In the event of illness or injury occurring to my child while involved in TYF activities, I authorize X-ray examination, anesthesia, medical or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. I hereby release from liability all persons and/or organizations who in any fashion have helped in organizing, planning and/or implementing the TYF activities. I understand all activities are voluntary and I desire for the above named minor to participate. I also understand that there are certain risks involved in all activities, including, but not limited to, accidents and/or injuries in the course of the activity. In the event medical treatment is administered to the above named minor, I will be fully responsible for payment of all treatments.

Special Medical Considerations: _____

Allergies: _____

Current Medications: _____

Family Physician: _____ Phone: _____

Health Insurance carrier: _____ Policy: _____

Parent/Legal Guardian Signature: _____

Date: _____