

**Sycamore Aves Youth Football and Cheerleading
Emergency Medical Authorization and Waiver of Liability**

Participant's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Grade: _____ School: _____

Parent/Guardian Name: _____

PART I - MEDICAL AUTHORIZATION

I hereby give consent to Sycamore Aves Youth Football and Cheerleading ("SAYF&C") to secure and authorize such emergency medical care and treatment as the above-named participant may require while under the supervision of SAYF&C. I also agree to pay all costs associated with the medical care and treatment secured under this consent.

Parent/Guardian Signature _____ Date: _____

Contact Information

In the event of an emergency, contact:

Name: _____ Relationship to Player: _____

Address: _____

Phone Number: _____ Cell Number: _____

Medical/Dental Information

Health insurer: _____ Policy Number: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name: _____ Phone Number: _____

Hospital Preference: _____ Phone Number: _____

Please identify any facts concerning participant's medical history, including allergies, medications, and medical conditions, which should be noted by any provider of emergency care or treatment:

PART II - WAIVER OF LIABILITY

As a condition to participating in SAYF&C activities, I hereby waive, release and forever discharge any and all rights and claims for damage which the participant or any derivative claimant may have or which may hereafter accrue against SAYF&C and/or any of its coaches, administrators, volunteers, employees, agents, teams, sponsors, fellow participants, or owners, lessors or administrators of the fields and facilities used by SAYF&C, which may be sustained by the participant in connection with the participant's association with SAYF&C, including, but not limited to, any damages arising out of participant's traveling to, participating in, or returning from, any SAYF&C football game, practice, scrimmage, exhibition, or function.

Parent/Guardian Signature _____ Date: _____