

***Parent/Legal Guardian Warning of Risk***

I understand that there is a risk of injury in athletic participation. I understand that the dangers and risks of playing football include but are not limited to serious head, neck, and spinal injuries which may result in brain damage, paralysis and in some cases death.

I hereby grant permission for my child to participate in the 2010 Bulldog Youth Football and Cheer program. I agree that Bulldog Youth Football and Cheer, its officers, board members, coaches, supervisors, and participants shall not be held liable for accidents or injuries received by my child while engaged in Bulldog Youth Football and Cheer program activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Health/Medical Insurance***

Bulldog Youth Football and Cheer is covered by insurance that is secondary to the players' personal medical insurance, or that will cover the player in the event that he/she does not have medical insurance. We encourage all participants to have their own personal medical coverage.

Insurance carrier/Company: \_\_\_\_\_

Insurance Group/Policy Number: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hospital: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical conditions/Allergies: \_\_\_\_\_

***National Youth Sports Coaches Association***

***Emergency Medical and Surgical Treatment Form***

The patient and others whose signature are attached below hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by his/her physicians and surgeons. The intention here of being to grant authority to administer and perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures, which may now or during the course of the patients care be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his/her physician recommends the patient discharge.

In witness of our consent and agreement to the matters stated in the three proceeding sentences we have subscribed our signatures.

Minor/Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_