

D&JC YFL, INC. LEAGUE CONSENT FORM

Team _____
Child's Name _____
Address _____
City/State/Zip _____
Phone _____ Age _____ Weight _____
School _____
Physician _____ Physician Phone# _____

Name of Insurance Company _____ Hospital _____

WHO TO CONTACT IN CASE OF AN EMERGENCY:

Name _____ Phone# _____

I/We the parents/legal guardians of the above-named participant on a D&JC YFL, Inc. Team, hereby give my/our approval to his/her participation in any and all league activities during the current season. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the D&JC YFL, Inc., its Officers and organizers, the individual Clubs/School and their Coaches and Participants, their School Districts, Sponsors, Supervisors, and any and all persons involved in transporting my/our child, except to the extent and in the amount covered by Accident or Liability Insurance.

I/We agree to return at the end of the season, the uniform(s) and any other equipment issued to my/our child from our Club/School/Sponsor, in as good a condition as when we received it, except for normal wear and tear.

PARENT AND LEGAL GUARDIAN MUST SIGN

Parent/Legal Guardian _____ Date _____

CONSENT FOR MEDICAL TREATMENT

This consent extends the right to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as deemed appropriate to preserve the life or well being of my child. I hereby release, hold harmless, and indemnify the D&JC YFL, Inc., its Officers and organizers, the individual Clubs/Schools and their Coaches and Participants, their School Districts, Sponsors and Supervisors from any injury or damage related to administration of emergency medical care as authorized herein. This consent for Medical Treatment is in effect for the duration of the 2009 football season.

PARENT AND/OR LEGAL GUARDIAN MUST SIGN

Parent/Legal Guardian _____ Date _____