



EVANSTON BULLDOGS PARTICIPANT INFORMATION – AGE GROUP _____

LEGAL LAST NAME: _____ LEGAL FIRST NAME: _____

MIDDLE NAME: _____ DATE OF BIRTH _____

ADDRESS: _____ City _____ ST: __ ZIP _____

PARENT/LEGUAL GUARDIAN INFORMATION:

PARENT/GUARDIAN: _____ RELATIONSHIP _____

ADDRESS IF DIFFERENT FROM ABOVE _____

STATE __ ZIP _____ PHONE NUMBER: _____ Cell _____

MEDICAL INFORMATION: PLEASE COMPLETE ALL OF THE FOLLOWING QUESTIONS:

DOCTOR _____ CLINIC _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP: _____ PHONE NUMBER: _____ HOSPITAL: _____

MEDICALISSUES: _____

ALLERGIES: _____

IS YOUR CHILD CURRENTLY ON ANY MEDICATIONS: NO YES- IF YES PLEASES LIST:

I GIVE THE EVANSTON BULLDOGS STAFF/COACHES PERMISSION TO TRANSPORT MY CHILD/CHILDREN TO ANY PRACTICES, AWAY GAMES, TO HOME GAMES OR BOWL GAMES AND TOURNAMENTS.

I GIVE THE EVANSTON BULLDOGS STAFF/COACHES PERMISSION TO TRANSPORT MY CHILD/CHILDREN TO THE NEAREST HOSPITAL IN CASE OF INJURY OR MEDICAL EMERGENCY.

I DO NOT GIVE THE EVANSTON BULLDOGS STAFF/COACHES PERMISSION TO TRANSPORT MY CHILD/CHILDREN TO THE NEAREST HOSPITAL IN CASE OF INJURY OR MEDICAL EMERGENCY.

PARENT/GUARDIAN SIGNATURE: _____ DATE __ / __ / __

PLEASE COMPLETE REVERSE SIDE OF THIS DOCUMENT

EVANSTON BULLDOGS RELEASE/WAIVER FORM- MUST BE COMPLETED CHILD WILL NOT PARTICPATE!

PARICIPANTS LEGAL NAME: _____

PARENT/LEGAL GUARDIAN: _____

ADDRESS: _____

PARENT/LEGAL GUARDIAN ADRESS IF DIFFERENT: _____

CITY: _____ STATE: _____ ZIP _____

PHONE NUMBERS: _____ ALTERNATE NUMBER: _____

I, _____, PARENT OR LEGUAL GUARDIAN OF

_____, a minor. I hereby grant the permission necessary to allow the minor listed above to participate in the above noted events, including full tackle football or cheer, to be sponsored by the Evanston Bulldogs Youth Association (EBDS). I acknowledge and agree on my own behalf of the minor, that such participation subjects the minor to the possibility of physical illness or injury (minimal, serious, catastrophic and or death including 2019 novel coronavirus) and I am, on my behalf of the minor, acknowledge that the minor is assuming the risk of such illness or injury by participating in the above noted EBDS event. In the event of such illness or injury, I authorize the EBDS organization to obtain necessary medical treatments for the minor and hereby, on my own behalf and on the behalf of the minor release and hold harmless the Evanston Bulldogs Youth Association , the hosting site (on whose premises the event will occur- and here in after the hosting site) it affiliates, the affiliates of EBDS and the respective directors, officers, representatives of EBDS. Here in after collectively release any exercises of this authority. I further acknowledge and understand that I will be responsible for all and any medical and related bills that many be incurred on behalf of the minor and for any illness or injury that the minor may sustain during the noted EBDS event and while travelling to and from the event site for the above noted EBDS whether or not the EBDS sponsored event actually occurs.

Appearance/Photography: I understand that the EBDS at times produces promotional materials related to the youth program. I understand that as a participant in and or the spectator of at above noted that the EBDS event the minor may be included in video tape, photographs or recordings taken during above noted EBDS events. I give permission for the images to be used on all EBDS social media sites including print and digital media.

I on my own behalf and on behalf of the minor, hereby warrant that I have read this RELEASE and WAIVER in its entirety and fully understand its contents. I on my behalf and behalf of the minor further acknowledgement that nothing in the RELEASE and WAIVER constitute guarantee that the noted EVANSTON BULLDOGS YOUTH ASSOCIATION dba EVANSTON BULLDOGS FOOTBALL AND CHEER sponsored event will occur, I on my own behalf and behalf of the minor, have signed this document and voluntarily and of my own free will without threats promises of goods or monetary rewards.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

RELATIONSHIP TO MINOR: _____ MINOR'S BIRTHDATE: _____

DOCTOR/CLINIC: _____ DR/CLINIC PHONE: _____

In regards to the above mentioned person, please circle all that apply and provide an explanation on a separate document if needed:

- EPLISEY
- BONE JOINT DEFORMITY
- HIGHBLOOD PRESSURE
- BACK TROUBLE
- DIABETES
- CHEST PAINS/PRESSURE
- HEAD INJURY
- RHEUMANTISM
- IMPAIRED HEARING
- ASTHMA/ ALLERGIES
- NERVOUS DISORDERS
- BROKEN BONES
- ARTHRITIS
- BONE DISEASE
- MUSULAR TROUBLE
- ATTENTION DEFICIT DISORDER
- NEURITIS
- SKIN TROUBLE
- COVID19 EXPOSURE
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