



MEDICAL AND LIABILITY RELEASE FORM

Participant's Name: _____ Participant's Date of Birth: _____

I understand that my signature is for both medical and liability release.

In the event of an emergency in which my child is in need of immediate hospitalization, medical attention, or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any coach, advisor or other member of this organization"

It is understood that my child will obey all regulations and follow instructions of the leaders.

I understand that this organization's insurance is only secondary insurance, and that if the participant has medical insurance, that carrier will be billed for medical charges in the case of illness or injury while participating in this organization's activities.

By signing this form, I agree to assume and accept all risks and hazards inherent in sports activities including transportation to and from activities. I also agree that I will not hold the All County Conference Junior Football League or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form.

Family Physician: _____ Phone: _____

Physician's Address: _____ ZIP: _____

Hospital Preference: _____

Participant's Insurance Company: _____ Policy Number: _____

Insurance Company's Phone Number: _____

In case of emergency, contact:

Name: _____ Phone: _____ Relationship to Participant: _____

Name: _____ Phone: _____ Relationship to Participant: _____

Mr./Mrs./Ms. _____ Date: _____

Authorized Parent/Guardian Signature