

Waiver and Consent for Medical Treatment NV Eagles Football and Northvale PAL, Inc.

Child's Information:

First Name		Last Name	
Date of Birth			
Address		City	State
Phone			

Parent's Information

First Name		Last Name	
Phone			
Health Insurance Provider		Insurance ID	Group #
Medical Conditions	Please note any medical conditions or medications taken by your child that you believe the coaches should be aware of. (If none, write NONE)		

Liability Waiver: Football presents certain inherent risks and hazards, which the Player-participant and parent/guardian are urged to consider and which the Player assumes. To the best of my knowledge, there are no physical or other health-related conditions, which will interfere with my child's participation unless noted above. I, the undersigned parent/guardian for the above named Player, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless NV Eagles Football and Northvale PAL, Inc., its sponsors and its volunteer coaches, managers, officers and directors, from all claims, actions, or losses related thereto. NV Eagles and Northvale PAL, Inc., assumes no liability for injury or damage arising from the results of participation of the above Player.

Medical Treatment Release: Due to the strenuous nature of football, the Player participant is urged to consult his physician concerning her fitness to participate. I, the undersigned parent/guardian for the above named Player hereby approve of my child's participation in the NV Eagles Football program and consent to emergency medical treatment for my child on my behalf. I also authorize any NV Eagles or Northvale PAL, Inc coach or officer to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible.

[] I agree

Signature: _____ Date: _____