

Young Warriors Football
LIABILITY WAIVER
EMERGENCY SERVICE PERMISSION
INSURANCE WAIVER

We/I, the undersigned parent(s) or legal guardian(s) do hereby grant

permission for my/our child, _____, to participate in the Young Warriors Football Association football program and fully participate in all activities thereof. I/We further acknowledge, understand, and agree that in participating in the Young Warriors Football Association, Inc. program, there is a possibility of physical illness or injury and that my/our child is assuming the risk of such injury in his/her participation.

In consideration of the above child being permitted to participate in the Young Warriors Football Association, I/we, the parent(s) or legal guardian(s), hereby consent and agree to release, indemnify, and hold harmless the organization of the Young Warriors Football Association, its officials, coaches, managers, and representatives from any claims and liability of any kind or nature which may arise at any time out of or in connection with the Young Warriors Football Association program.

Furthermore, I/we understand that as part of the annual registration fee for my child to participate in this program, the Young Warriors Football Association will purchase supplemental medical insurance for each participant. I/we understand that this insurance will only supplement my/our own medical insurance coverage and my/our personal coverage is a requirement for my/our child to participate in the Young Warriors Football Association program. My/Our child is covered by the following existing medical health insurance policy:

Name of company: _____

Address of company: _____

Medical Insurance Policy #: _____

I/We understand and agree that all bills for medical care and treatment will be forwarded to my/our insurance company and that it will be my/our responsibility to see that such bills are paid.

Finally, I/We, the parents of the above named child, do hereby authorize the officials, coaches, or representatives of the Young Warriors Football Association to obtain emergency medical treatment for my/our child for any illness or injury required while participating in the Young Warriors Football Association program.

Parent or Legal Guardian (Both parents or guardians must sign if child is living with both)

Date

NOTE: This form must be returned to and on file with the Young Warriors Football Association before the child will be allowed to participate in any practice or game.

Return to: Young Warriors Football Association
P.O. Box 7011
Deerfield, IL 60015