

SOUTHWESTERN BUCKEYE PEE WEE FOOTBALL LEAGUE

Name: _____ Date of birth: _____

Address: _____ Grade: _____

City: _____ School: _____

Parental Consent and Medical Authorization

The undersigned, being parent, guardian or legal custodian of the undersigned player/participant, hereby consents and allows the undersigned player/participant to participate in any and all activities of the Southwestern Buckeye Football League. The undersigned parent, guardian or legal custodian acknowledges that the activities of the Southwestern Buckeye Football League include the possible risk of physical injury to the participants and hereby release the Southwestern Buckeye Football League from any and all claims arising from my player/participant's participation in the activities. I/ We as parent(s), guardian(s) or legal custodian(s) of the undersigned player/participant hereby authorize the Southwestern Buckeye Football League, or agent thereof, to seek and employ whatever medical care and treatment that the Southwestern Buckeye Football League, or any agent thereof deems necessary in the event of accident, injury or illness of the undersigned player/participant on my/our behalf and agree to pay for said care and/or treatment.

Player Signature

Parent/Guardian/Custodian

1) _____

2) _____