Tri-Star Youth Football League

Parental/Guardian Authorization and Medical Release

Date: _____ League Name: _____

Team Name_____ Age Group_____

I, parent or guardian, of the child whose name is listed on the same line with my signature below hereby grant approval for His/her participation in Tri-Star Youth Football League activities as a member of the above-named league's regular season team. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless Tri-Star Youth Football League, the local league organization, the organizers, sponsors, supervisors, participants, board members, and persons transporting the child to and from activities for any claim arising out of injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing and/or coaching personnel or other league representatives or league officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in regular season activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

A certified birth certificate or acceptable proof of age of the named participant below has been furnished to league officials or is attached.

Child's Name	**Parent/ Guardian Signature**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

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27. _____ _____

28. _____ _____

29. _____ _____

30. _____ _____

31. _____ _____

32. _____ _____

33. _____ _____

34. _____ _____

35. _____ _____

36. _____ _____

Player Medical Information

If a child has NO Allergies and Illnesses, please write "None" in the blanks along with Child's name

	Child's Name	Allergies	Illnesses
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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10.			
11.			
12.			
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29. _____ _____ _____

30. _____ _____ _____

31. _____ _____ _____

32. _____ _____ _____

33. _____ _____ _____

34. _____ _____ _____

35. _____ _____ _____

36. _____ _____ _____