



## 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, the All County Conference Junior Football League. 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.

Please list any allergies/medical problems, including those requiring maintenance medication. (Some examples: Diabetes, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
_____	_____	_____	_____
_____	_____	_____	_____

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem that might interfere with or alter treatment.

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