

WAYNE PEE WEE FOOTBALL



237-0712

Rip Rap 235-1942

A Tradition of Excellence Since 1968

Emergency Release / Treatment Consent

I, the undersigned, being the parent and/or legal guardian of _____

(Child's Name)

a minor, understand the risks and possibility of physical injury associated with football, and in consideration of accepting my child for the Wayne Pee Wee Football program and its activities, I hereby release, discharge and/or otherwise indemnify Wayne Pee Wee Football Assn. and members, employees, sponsors, and other associated personnel, against any claim by or on behalf of my child as a result of my child's participation in the Wayne Pee Wee Football activities and/or being transported to or from same which transportation I hereby authorize.

GUARDIAN NAME _____ (PRINT) PHONE _____

SIGNATURE _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-Mail _____ @ _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of _____, I

(Child's Name)

hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

(Failure to sign indicates that you do *not* give consent.)

GUARDIAN NAME _____ (PRINT)

SIGNATURE _____ DATE _____

PHONE: HOME _____ WORK _____

CELL PHONE _____