

**VILLAGE OF CHAMPIONS YOUTH NETWORK INC.  
SPORTS PROGRAM**

**Emergency clause**

In the event I cannot be reached in an emergency, I hereby give my permission to members and volunteers of Village of Champions to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor's orders) hospitalization injections, anesthesia, and other medical procedures deemed necessary.

Signature of responsible party: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

\*\*\*\*\*

**Permission Consent Form/Waiver:** My child or ward has permission to participate in the above activities and or sports and to be escorted, under proper adult supervision to all activities and participate in sports or activities associated with the event of which I have registered. I do not hold Village of Champions Youth Network Inc. and program staff responsible for any accident or illness that might occur while my child is involved in scheduled sports or activities. I request that the adult in charge seek or administer proper medical attention if necessary and all risks associated with the activity including, but not limited to falls, contact with other participants, heat or humidity and condition of fields, all such risks being known and appreciated by **VILLAGE OF CHAMPIONS YOUTH NETWORK INC.** All sponsor agents, members, volunteers and anyone acting on their behalf for any and all claims of liability.

**Please read the following agreement and sign below:**

In connection with my child or ward's voluntary involvement in activities undertaken for, and with the participation and support of VOC INC, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge VOC INC, and its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child or ward's person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold VOC INC and its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith. I hereby attest that attendance and involvement in such activities is voluntary, that he/she is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I grant permission for photographs, video and quotations from my child or ward during his/her involvement with VOC INC to be used to further promote Village of Champions Youth Network Inc.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_