TRI- STATE YOUTH FOOTBALL LEAGUE
MEDICAL RELEASE FORM

ALL TEAMS ARE REQUIRED TO HAVE THIS FORM COMPLETED FOR EACH PLAYER.

Forms MUST be in your Team Books and carried by Coaches or Team Managers at ALL TIMES.

(PLEASE PRINT)

PLAYER'S NAME: _____DATE OF BIRTH:_____

TEAM NAME:_____ AGE GROUP:_____

PARENT/GUARDIAN NAME:_____

PHONE NUMBER:_____ALTERNATE NUMBER:_____

HOME ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PRIMARY PHYSICIAN: _____ PHONE:_____

LIST ANY MEDICAL CONDITIONS AND/OR ALLERGIES: _____

_____

LIST ANY REQUIRED MEDICATIONS: _____

_____BLOOD TYPE: _____

EMERGENCY CONTACTS			
NAME	RELATIONSHIP	PHONE	ALT. PHONE

IN CASE OF ILLNESS OR INJURY, I HEREBY AUTHORIZE A REPRESENTIVE OF TSYFL TO USE HIS OR HER OWN JUDGEMENT IN ADMINISTERING FIRST AID AND/OR OBTAINING IMMEDIATE MEDICAL CARE IF A PARENT OR LEGAL GUARDIAN IS NOT PRESENT.
ADDITIONALLY, I HOLD HARMLESS TRI-STATE YOUTH FOOTBALL LEAGUE AS WELL AS ANY REPRESENTIVE OF, INCLUDING ITS AFFILIATED PARKS, IT'S REPRESENTATIVES/COACHE'S FROM ANY LIABILITY AS I UNDERSTAND THE RISKS OF PARTICIPATION IN ANY OF THE SPONSORED EVENTS OR PROGRAMS.

PARENT/GUARDIAN SIGNATURE DATE

PLEASE COMPLETE BOTH THE MEDICAL RELEASE AND LIABILITY WAIVER – 2- SIDED DOCUMENT

TRI- STATE YOUTH FOOTBALL LEAGUE

LIABILITY WAIVER FORM

IN CONSIDERATION OF myself or my child/ward _____ participate in any way in the Tri-State Youth Football League related event and/or activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness to myself or my child from the participating in this activity are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Tri-State Youth Football League; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Minor Participant: _____

Name of Adult Participant: _____

Parent/Guardian/ Adult Signature: _____

Date Signed: _____

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