

# DENVILLE BLUE ANGELS YOUTH FOOTBALL LEAGUE

## Parental Waiver & Consent Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in Denville Blue Angels Youth Football. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. I approve emergency treatment for my child by a qualified, licensed physician if the below named family physician is not available.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Denville Blue Angels Football organization, its officers, coaches, sponsors, supervisors and representatives for any participation in the designated sport and the activities incidental thereto, regardless of cause. I also agree and fully understand that the Denville Blue Angels, as a volunteer, non-profit organization is not liable for any medical expenses incurred due to any injuries that may be sustained.

### Read and understood:

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent or Legal Guardian: \_\_\_\_\_  
(Print Name)



### PLAYER MEDICAL INFORMATION

Player Name: \_\_\_\_\_ Name of Physician: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Address: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Town & Zip: \_\_\_\_\_

Please list any and all pertinent medical conditions, and physical limitations: (allergies, medications taken regularly, etc.)

### EMERGENCY CONTACT INFORMATION

(other than parents)

Please list at least 1 emergency contact.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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