

DENVILLE BLUE ANGELS YOUTH FOOTBALL LEAGUE

Parental Waiver & Consent Form 2017 Season

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.

I acknowledge that I have received concussion awareness materials for both parents and athletes and have been informed that I can review additional information at <http://www.cdc.gov/concussion/HeadsUp/index.html>

I agree to abide with DBA's return to play policy requiring any player who has sustained a head injury or who is suspected of having sustained a head injury to visit a licensed healthcare professional for evaluation and clearance. In addition, before returning to practice or game play, I understand that I will be required to sign a head injury information/awareness sheet.

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: _____

Name: _____

Relationship: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Other Phone: _____