

**SOUTHWEST COLORADO YOUTH FOOTBALL ASSOCIATION
FOUR CORNERS YOUNG AMERICAN FOOTBALL LEAGUE**

PARENT OR GUARDIAN PERMIT & WAIVER

I hereby give my consent for _____ to compete in the Young American Football League (YAFL). I understand that he/she will be properly supervised at all times and release the coaches and team parents from any and all liability arising from any injuries that may arise from his/her participation.

Parent/Guardian	Date	Parent/Guardian	Date
-----------------	------	-----------------	------

MEDICAL CONSENT FORM

Name _____ Date: _____

Permission is hereby granted to the attending physician to proceed with any and all medical or minor surgical treatment, x-ray examinations, or immunizations for the above minor child. In the event of serious illness or injury or the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above named child may be given. In the event an emergency arises during a practice session or game, an effort will be made to contact the parents or guardians as soon as possible. Permission is also granted to the coaches or team parents to provide the needed emergency treatment to the athletes prior to his/her admission to the medical facilities.

Parent or Guardian	Date
--------------------	------

Telephone numbers where parents/guardians may be reached:

Primary Phone#: _____ Secondary Phone #: _____

Primary Phone #: _____ Secondary Phone #: _____

Family Physician: _____ Telephone: _____

Family Dentist: _____ Telephone: _____

Family Eye Doctor: _____ Telephone: _____

Please list any drug or medicine allergies: _____

Please list any health problems we should be aware of (asthma, diabetes, etc.):

Does your child wear glasses? _____ Contact lenses? _____

PHYSICIANS STATEMENT

I hereby certify that I have examined _____ and that he/she was found physically fit to engage in Young American Football League (YAFL) full contact football.

Signed _____
Physician Date

INSURANCE

Insurance Company: _____

Policy #: _____

MEDIA RELEASE

I hereby give my permission for pictures to be taken of my child and said pictures and information about my child released to the news media for the purpose of recognition.

Yes _____ No _____
Parent/Guardian Date
