



# OFFICIAL BBYF&C MEDICAL RELEASE FORM



## TO WHOM IT MAY CONCERN:

This is to certify that as the parent or guardian of \_\_\_\_\_ a participant in the Beulah Bulldog Youth Football & Cheerleading program, hereby grant permission to the adult manager, coach, trainer, director, board member or business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all activities, including the period required to travel to and from those activities; and we hereby waive, release, absolve, indemnify and agree to hold harmless the local Beulah Bulldog Youth Football & Cheerleading, the organizers, supervisors, participants and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

Signed: \_\_\_\_\_

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

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

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

A medical release form, signed by the participant's parent or legal guardian MUST be provided, in advance of any participation, for each participant involved with BBYF&C in order that physicians and hospitals will accept participant for treatment in the event of illness or injury, where the parent(s) or legal guardian are not available.

Allergies/Special Needs: