

# EMERGENCY FORM



## **\*PLAYER INFORMATION\***

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

## **\*EMERGENCY CONTACT INFORMATION\***

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **\*EMERGENCY AUTHORIZATION and DISCLAIMER\***

On behalf of my minor child, I hereby grant permission for his/her participation in Play Action Flag Football and request that Play Action Flag Football accept this application. I hereby acknowledge that both I and my child are familiar with the risks associated in an active sport such as flag football; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. I do hereby agree and consent to my child's participation in Play Action Flag Football during the current season, and also assume all risks and hazards which are incidental to the conduct of the activities. I hereby release, absolve, indemnify and hold harmless Play Action Flag Football INC., a California corporation, its members, officers, employees, and any of their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in Play Action Flag Football. I am hereby informed that all rostered players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by Play Action Flag Football. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through Play Action Flag Football. If I do not have a personal plan, the above mentioned insurance will take effect immediately.

Participation in competitive athletics may result in serious injury and it is impossible to eliminate ALL such occurrences in competitive sports. Obeying safety policies, following an appropriate conditioning program, and utilizing their equipment properly can reduce the risk of serious injury.

I acknowledge that I read this consent form and knowingly, on behalf of my child, assume all risks associated with participating in any way with Play Action Flag Football.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_