



WAIVER/RELEASE FORM FOR PARKWAY CENTRAL JR. COLTS FOOTBALL LEAGUE OFF-SEASON WORKOUTS

I. PARENTAL CONSENT

I, the parent or legal guardian of _____, a participant in the Parkway Central Youth Football conditioning camp, does hereby grant permission for his/her participation in any and all conditioning camp activities.

* **Initials:** _____

II. REALEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in a conditioning camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the Parkway Central Football league and Parkway Central school district, the officers, directors, coaches, sponsors, volunteers, individual chapters, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

* **Initials:** _____

III. MEDICAL RELEASE

Because your child is involved in an active conditioning camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site.

Participant: _____ Date of Birth: _____

Parent or Guardian Name: _____

Home Telephone#: _____ Business Telephone#: _____

Cell Phone#: _____ Medical Insurance Carrier: _____

If parent or legal guardian cannot be reached, call:

Name: _____ Telephone#: _____

Relationship: _____

Please list any allergies and medical conditions that should be brought to our attention.

Include any medication(s) that your child uses regularly: _____

***Initials:** _____

I hereby grant permission to the Parkway Central Jr. Colts Football league to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.

PRINT (Parent of Legal Guardian Name)

SIGNATURE (Parent or Legal Guardian)

Date
