



# SIX RIVERS YOUTH FOOTBALL CONFERENCE, INC

## RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my child/ward, being allowed to (Name Of Minor Child/Ward) participate in any way in the Six Rivers Youth Football Conference aka SRYF related events and activities, SRYF and the undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

- 1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and, 2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and, 3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SRYF, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. 4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- 2) I, agree to adhere to the code of conduct as outlined in the current SRYF Code of Conduct Form provided by SRYF and affiliated associations. I understand that any failure to adhere to outlined conduct could result in my ability to participate in any or all SRYF/affiliated association activities including practices, regularly scheduled games, post-season, cheer competition, and championship games. I also understand that any failure on my part to adhere to SRYF Code of Conduct could also result varying sanctions from removal of a game/practice site, to the termination of my child/ren in any SRYF sponsored activity.
- 3) Permission is also granted to use images of my child listed above. I understand that no names will be used on the web site unless specific permission, in written form, is given to an appropriate staff member. I understand that once any image is posted to the SRYF web site or Facebook page, the image can be downloaded by any computer user around the world. I hereby attest that I am the legal parent/guardian of the child listed below. This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to SRYF.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

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



# SIX RIVERS YOUTH FOOTBALL CONFERENCE, INC SRYF PHYSICAL FORM & CONSENT

Special Note: This form must be dated after April 1<sup>st</sup> of the current year, and then submitted to your association. No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

## Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Name of Primary Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Name of Primary Insured: \_\_\_\_\_

Does participant have Medical? Yes Sport (check one): Cheer \_\_\_ Tackle \_\_\_

### PARTICIPANT MEDICAL HISTORY

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Are there any injuries requiring medical attention?                             | Yes | No |
| 2.  | Are there any past surgeries or scheduled surgeries?                            | Yes | No |
| 3.  | Is there any history of concussions and/or head injuries?                       | Yes | No |
| 4.  | Is the participant currently under the care of a medical practitioner?          | Yes | No |
| 5.  | Is the participant currently taking any medications?                            | Yes | No |
| 6.  | Does the participant have any allergies (penicillin, bee stings, etc)?          | Yes | No |
| 7.  | Does the participant have asthma/require the use of an inhaler?                 | Yes | No |
| 8.  | Is the participant diabetic/require medication for diabetes?                    | Yes | No |
| 9.  | Does the participant carry sickle cell trait/suffer from sickle cell disease?   | Yes | No |
| 10. | Does the participant currently require medication?                              | Yes | No |
| 11. | Does/has the participant have/had seizures?                                     | Yes | No |
| 12. | Does the participant wear glasses or contact lenses?                            | Yes | No |
| 13. | Does the participant wear a brace or other medical support device?              | Yes | No |
| 14. | Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, *I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.*

Dated: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name & Relationship to Player: \_\_\_\_\_



## PHYSICAL FITNESS & MEDICAL HISTORY FORM

# SIX RIVERS YOUTH FOOTBALL CONFERENCE, INC

**Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER APRIL 1<sup>ST</sup> of the CURRENT CALENDAR YEAR.**

**Name of Participant:** \_\_\_\_\_

(Please check the following if healthy or note otherwise):

- Height Weight Eyes
- Ears Mouth Nose & Throat
- Respiratory Cardiovascular Neurological
- Muskoskeletal Dermatological Blood Pressure

**I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in Six Rivers Youth Football Conference, Inc, tackle football or cheer programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Six Rivers Youth Football Conference, Inc. activities for the 2015 season. I am therefore clearing this individual for athletic participation without limitation.**

Please indicate medical profession (M.D., D.O. R.N., C.N.P, etc.) \_\_\_\_\_

Are you licensed in your state to perform physical examinations? YES NO

Dated: \_\_\_\_\_

**Please sign and fill out the following information OR place Official Medical Practice Stamp here:**

Signature: \_\_\_\_\_ Printed

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email/Website: Email: \_\_\_\_\_ (Optional)

**Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form that MUST be signed on or after April 1<sup>st</sup> of the current year.**

