



I/we am / are the parent, guardian, or custodial person of (Athlete)_____, in consideration the he/she may play flag football with Austin County NFL Flag Football. In the event that my/our child should become injured while he/she is engaged in football activities, I assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, and agree to hold harmless the Austin County NFL Flag Football league, its officers, directors, managers, coaches, trainers, assistant directors, game officials, sponsors, supervisors, Bellville ISD, and any person transporting youth to and from any Austin County NFL Flag Football activity for any claim arising out of injury or for the administration or failure to administer first aid and or medical attention.

Secondly should my child become injured and I/we are not present and cannot be immediately contacted I/we hereby appoint as legal guardian the Austin County NFL Flag Football for the limited purpose of defining, determining the necessity of and authorizing such medical attention or treatment as they deem appropriate. I/we hereby release said officials from any and all liability, claim, or cause of action arising out of the good faith exercise of the power granted by this authorization.

Please provide the following medical information. In the event that your child should require treatment in your absence. Austin County NFL Flag Football will attempt to obtain medical treatment from the doctor or facility you designate, if in their judgment, circumstances allow them to do so.

Emergency contact:

Phone Number:

Secondary Emergency contact:

Phone Number:

Insurance Name:

Policy Number:

Athletes DR:

Medical Conditions:

Allergies:

Medications:

X

Parent Signature/Date