

GLACIER PEAK YOUTH FOOTBALL ASSOCIATION

EMERGENCY MEDICAL TREATMENT CONSENT AND INFORMATION LIABILITY WAIVER

ATHLETE INFORMATION:

PLAYER'S LEGAL NAME: _____ DATE OF BIRTH: _____ GENDER: _____

ADDRESS: _____ STATE: _____ ZIP: _____

PARENT / GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____ EMAIL: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ STATE: _____ ZIP: _____

PHONE: _____ ALT. PHONE: _____ EMAIL: _____

IN AN EMERGENCY, WHEN PARENTS/GUARDIANS CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

MEDICAL INSURANCE AND INFORMATION:

POLICY HOLDER: _____ GROUP#: _____ POLICY#: _____

INSURANCE COMPANY: _____ INSURANCE PHONE: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

OTHER: _____

I HEREBY CERTIFY THAT MY CHILD/WARD IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL ACTIVITIES. RECOGNIZING THE POSSIBILITY OF INJURY OR ILLNESS, AS THE PARENT (OR LEGAL GUARDIAN) OF THE NAMED MINOR, I GRANT PERMISSION FOR THE MINOR TO PARTICIPATE IN ALL ACTIVITIES OF THE SPORTS PROGRAM. I ASSUME ALL RISK AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, AND DO HEREBY RELEASE AND WAIVE ALL CLAIMS AGAINST THE GLACIER PEAK YOUTH FOOTBALL ORGANIZATION BOARD MEMBERS, STAFF, COACHES, VOLUNTEERS, SPONSORS, AGENTS, OTHER PARTICIPANTS, NORTH CASCADE YOUTH FOOTBALL LEAGUE, ARLINGTON, FERNDALE, MOUNT VERNON, OAK HARBOR, SNOHOMISH AND STANWOOD SCHOOL DISTRICTS, ANY OTHER SCHOOL DISTRICTS WE MAY PARTICIPATE IN, AND THE COUNTY OF SNOHOMISH.

I HERBY FURTHER CONSENT TO ANY AND ALL HEALTHCARE PROVIDERS, AUTHORIZE ANY FIRST AID, EMERGENCY TREATMENT, INCLUDING BUT NOT LIMITED TO TRANSPORTATION TO AND FROM HEALTHCARE FACILITIES AND/OR ANY MEDICAL PROFESSIONAL TO PROVIDE TREATMENT, ORDER INJECTIONS, HOSPITALIZE, GIVE ANESTHESIA OR PERFORM SURGERY. I UNDERSTAND THAT THIS AUTHORIZATION IS GIVEN PRIOR TO ANY NEED FOR MEDICAL CARE, BUT GIVEN TO AVOID UNNECESSARY DELAY IN EMERGENCY TREATMENT WHICH THE ATTENDANT AND/OR MEDICAL PROFESSIONAL MAY DEEM ADVISABLE IN THE EXERCISE OF BEST JUDGEMENT. I PRESUME A REASONABLE ATTEMPT WAS MADE TO CONTACT ME.

HB 1824 COMPLIANCE STATEMENT: I HAVE BEEN PROVIDED WITH INFORMATION ON CONCUSSIONS IN YOUTH SPORTS. IF THE PLAYER IS SUSPECTED OF A HEAD INJURY OR CONCUSSION, THE PLAYER WILL BE REMOVED FROM PLAY. THE PLAYER WILL BE WITHHELD FROM PLAY UNTIL GIVEN PERMISSION TO RETURN TO PLAY BY A HEALTH CARE PROVIDER.

Parent Name: _____ Signature: _____ Date: _____

Please print