

Central U.P. Youth Football League, Inc.
2019 Parental Release

Player Name: _____

Area (circle one): **Bark River** **Crystal Falls** **Escanaba** **Florence**
Iron Mtn. **Kingsford** **North Central** **Norway** **West Iron Cty.**

Division (circle one): **Youth Junior (5th or 6th Grade)** **Youth Senior (7th or 8th Grade)**

I, _____ (parent/guardian) of child named above whose
date of birth is month _____ day _____ year _____ hereby agree as follows:

1. I understand that there is a risk of injury involved in playing tackle football and I hold the Central UP Youth Football League, Inc. harmless should my child be injured during a game or practice.
2. My child is physically healthy and able to participate in the events as a football player.
3. My child's youth football administration or coaches are aware of any condition such as asthma that my child suffers. It is my responsibility to carry any necessary medication or devices, such as an inhaler. Central UP Youth Football League, Inc. is not responsible to carry or administer any medication.
4. At all times at the site of the events, in case of medical emergency, I hereby authorize any local hospital, doctor or licensed medical personnel, to take what they feel are the correct procedures as an aid to my child's health and well being. This permission is extended, as necessary, to any Central UP youth football League, Inc. representatives, coaches or volunteers. If I am present and available at the site and time of a medical emergency, I will retain my right to make all necessary decisions concerning medical treatment of my child.
5. I understand that all travel to and from events are not the responsibility of Central UP Youth Football League, Inc., which shall have no financial responsibility to me whatsoever.
6. I understand that my insurance company is the primary coverage should my child be injured. Central UP Youth Football League, Inc., does, however carry a supplemental policy to cover any unpaid medical balance.
7. I, as Parent/Guardian, give permission for my child to participate in all activities organized and operated by the Central U.P. Youth Football organization.

Parent/Guardian Signature: _____ **Date:** _____

Relationship to player: _____

Player's Doctor: _____ **Phone No:** _____