

**URBANA YOUTH FOOTBALL / CHEER / POMS PROGRAM
EMERGENCY TREATMENT / MEDICAL RELEASE / LIABILITY WAIVER FORM**

Player Information:

Last Name: _____ First Name (Nickname) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information:

	Name(please print)	Emergency Contact Number(s)
Mother		
Father		
Guardian		

Treatment Information:

Known allergies, including allergies to medicine

Any other medical problems which should be noted

Physician Name _____ Phone Number _____

Insurance Carrier _____ Phone Number _____
 Name of Insured _____ Policy Number _____

Emergency Treatment / Medical Release / Liability Waiver:

I, the undersigned parent or legal guardian of the above named participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as Agents for the undersigned, to consent to emergency medical, surgical or dental examination, treatment, etc., until a parent or legal guardian can be contacted. I will not hold these persons legally or financially responsible in any way. I also acknowledge that various private and public landowners ("Owners") have agreed to allow the Urbana Youth football / Cheer / Poms program to use certain real property owned by the Owners ("the property") for athletic activities, that Owners will not be providing any supervisory personnel or other services for such athletic activities or the property, and that Owners shall have no responsibility for supervision, maintenance, or repair of the property. In addition, the undersigned fully understands the risks inherent in participating in athletic activities and agrees to assume the risk of injury and harm and further agrees that Owners shall have no responsibility or liability for any injury, harm, or other damage that may occur on the property.

X _____
 Signature of Parent or Legal Guardian Name- Please Print Date