



As the undersigned parent or guardian of \_\_\_\_\_, having full legal right to do so, **I hereby give my consent** and grant my permission to any team, club, league or association coach or official to administer first aid, call for medical help, and/or transport said player to a suitable medical facility for professional aid, in the event that the player is injured or becomes ill, in any way, during a team activity, including, but not limited to games and practices.

Furthermore, I authorize any emergency medical treatment deemed necessary by any paramedic, doctor, or emergency room staff at any facility, whether I am present or not, and/or whether I can be contacted in advance of such treatment or not. Medical personnel are specifically authorized to administer drugs, antiseptics, and anesthesia if needed in their professional opinion to treat any injury or illness to the above player, and hospitals or other medical facilities are authorized to admit the above player under normal terms and conditions on orders of trained medical personnel.

The undersigned acknowledges that the Hudson Hawks Youth Football Association does not provide insurance for participants. I further acknowledge that the above player must have insurance coverage to participate in the program. I hereby certify the presence of such valid health insurance policy for the above player.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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**Decline permission for medical treatment.** Having read the above, I hereby decline to give permission for any emergency medical treatment on religious, personal, or other grounds. I realize that this means that in the event of illness or injury, the above named player will not be treated by medical professionals unless and until I am contacted. Therefore, I waive all rights, including the right to pursue legal action against any coach, member of the Hudson Hawks Youth Football Association, the Western Reserve Youth Football League, and/or referees, any entities responsible for the playing fields and facilities, any medical personnel or medical facility, and accept full personal responsibility for the risks and the outcome.

The undersigned acknowledges that the Hudson Hawks Youth Football Association does not provide insurance for participants. I further acknowledge that the above player must have insurance coverage to participate in the program. I hereby certify the presence of such valid health insurance policy for the above player.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date