



MEDICAL RELEASE FORM

I, the undersigned, as parent or legal guardian of (print name of child) _____ hereby consents to the following in the event my child is injured during his or her participation in any practice and/or game during the Florida Spring Youth Football League tournament.

Section 1

Agents or officials of the FSYFL, and/or coaches or officials of my child's team and/or organization may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time medical treatment may be given to my child included but not limited to anesthesia and emergency surgical treatment as deemed necessary by a qualified physician at the medical facility. *Due to liability issues the FSYFL does not provide EMT's at their fields relying instead on the use of the State and local government 911 EMT processes.*

Section 2

I further understand that serious accidents occur during football youth sports activities, and at times participants may sustain serious personal injuries and/or death as a consequence thereof. I understand that the FSYFL holds a 2nd tier Accident Insurance policy that only covers limited costs for medical expenses resulting from an injury that occurs in practice and/or games during the FSYFL tournament, following coverage by the participants own health insurance policy. In the event a participant/child does not have their own health insurance policy the FSYFL, its officers, agents or employees are NOT responsible for ANY costs associated with an accident that occurs in practice and/or games during the FSYFL tournament.

_____ *I do not hold a family health insurance policy for my child* - By checking this box and my signature below I understand that the FSYFL is hereby released from all responsibilities for costs associated from an injury that occurs in practice and/or games during the FSYFL tournament. This release, discharge, waiver, and assumption of risk is to be binding on me and my child's heirs, executors, administrators and assigns.

_____ *I hold a family health insurance policy for my child* - By checking this box and my signature below I verify that my child is covered under my own family health insurance plan. I understand that the FSYFL Accident Insurance policy is a 2nd tier Accident Insurance policy that only covers limited costs for medical expenses resulting from an injury that occurs to my child in practice and/or games during the FSYFL tournament, following my own health insurance policy's full and complete coverage of the primary costs. I understand that the FSYFL Accident policy does not pay for my child's primary health insurance policy's deductibles, but only for the expenses that are not covered by my family health insurance policies primary coverage. I further understand that the FSYFL policy has a per incident deductible and a limited payment per incident amount, as well as clearly stipulated items that are and are not covered. I hold the FSYFL, its officers, employees and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in practice, pre game, or game tournament activities, other than what is stipulated in the FSYFL 2nd tier Accident policy.

Home Phone _____ Work Phone _____ Cell Phone _____

Parent or Guardian Name _____

Parent or Guardian Signature _____