

Player Information

Player's Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Parent's Name(s) _____

Level: *Please Circle One*

Minor Major Junior High Freshman JV Varsity

Coaches Name: _____

Release of Liability, Medical, and Surgical Authorization

In consideration of the 7 on 7 spring league, I am granting my child permission to participate in the above named camp. I hereby assume all risk of his or her personal injury (including death) that may result from any practice, game or activity related to the 7 on 7 football league. As guardian, I do hereby release the Burlison Boys and Girls Club, 7 on 7 league, and their officers, employees, agents, all instructors, and all participants in said 7 on 7 league from all liability, including claims and suits at law or in equity for injury, fatal or otherwise which may result from the child taking part in the 7 on 7 league. In addition, I hereby authorize and give my consent to the health authorities from any licensed professional to perform upon and administer any reasonable, necessary surgical or medical treatment. I also give permission over emergency treatment, immunizations, injections, and minor operations and procedures. Authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment and authorize my insurance company to pay benefits to hospitals and clinics.

Signature: _____ Date: _____