

SOUDERTON AREA YOUTH FOOTBALL (SAYFA) MEDICAL RELEASE FORM 2018

I, the undersigned, parent or guardian of _____, give my permission to SAYFA and its coaching staff and officials to authorize medical treatment for my child, named above, for any injury sustained as a result of participation in SAYFA.

INSURANCE COVERAGE INFORMATION:

Employee: _____ Telephone: _____

Employer: _____ Telephone: _____

Insurance Company: _____ Policy Number: _____

Note: Pop-Warner Football insurance subscribed by the Souderton Braves will pay for all medical expenses that exceed the above insurance. All injuries must be reported within 24 hours of the incident.

List of Known Allergies:

Please note that parents and athletes must be aware that participation in any athletic activity can be dangerous to the participants. The possibility of injury (Minor – Major – Catastrophic) is always present.

Signature of Parent/Guardian

Date

X

Printed Name of Parent/Guardian

ADDRESS and PHONE

First and Last Name: _____

Street: _____

City, State, Zip: _____

Phone: _____

Head Coach of the participant's team must have this form present at all activities.