



78TH PRECINCT YOUTH COUNCIL (78PYC)
WAIVER & MEDICAL CONSENT FORM



I, the undersigned parent or guardian of the player, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the 78PYC are primarily administered by parents and others who volunteer their time rather than paid professionals. In consideration for accepting the registration of this player and permitting the voluntary participation of the player in any 78PYC program, I hereby release, discharge, and hold harmless the 78PYC, it's officers, directors, employees, volunteers, and all other representatives from any and all claims arising out of or relating to any and all injuries that any player may suffer while participating in any event with which the 78PYC may in any way affiliated, including any and all injuries caused by the negligence of any official, umpire, or coach while performing his/her duties during any practices or games as well as any and all injuries incurred while being transported to or from an event. I also acknowledge that I have been advised to review my medical insurance policy.

I further agree that, in the event of an emergency, if the person(s) set forth below from whom consent shall ordinarily be obtained cannot be expeditiously reached, a representative of the 78PYC shall have the authority to obtain and consent to any and all necessary medical treatment for my child by a physician, including without limitation, medical tests, injections, use of anesthesia, surgery, and/or any other procedure the physician deems necessary in light of the injury and diagnosis. Notification of the treatment shall be given as soon as possible by a representative of the 78PYC to said child's parent and /or emergency contact.

Child's Name: _____ Date of Birth: _____ Age on 4/30/11: _____ Sex: M / F

Allergies or other physical or mental conditions a coach or doctor should know about: _____

Child's Address: _____

Phone #...Home: _____ Cell: _____

Father's Name: _____ Mother's Name: _____

Family Physician... Name: _____ Phone#: _____

Persons to be contacted for permission in the event of an emergency:

Name: _____ Relationship _____ : Phone#1 _____
To Child
Phone#2 _____

Name: _____ Relationship _____ : Phone#1 _____
To Child
Phone#2 _____

SIGNATURE OF PARENT/GUARDIAN:

_____ Print Name: _____ Date: _____