

COLONELS YOUTH FOOTBALL

Release Form

\_\_\_\_\_ Home (\_\_\_\_)\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_\_  
Player's Name Parent's Telephone numbers

\_\_\_\_\_ City State Zip  
Street Address

I hereby certify that my child, \_\_\_\_\_, is physically able to participate for the Colonels Youth Football, Inc. organization for the \_\_\_\_\_ season. Below is a listing of allergies to medication (if none, please indicate):

\_\_\_\_\_  
\_\_\_\_\_

In the event of illness or injury, permission is hereby granted to the coaching staff of Colonels Youth Football, Inc. or their designated representative(s) to administer or secure medial assistance and/or any other action as may be deemed prudent, including, without limitation, referral to licensed medical personnel or transfer to the appropriate hospital or medical facility.

My child named above has our permission to participate in all activities of Colonel Youth Football, Inc. We acknowledge that these activities may require travel in various modes of transportation with accommodations and meals. We acknowledge that our child participates in all activities at his own risk. In consideration of you permitting him to participate, we hereby release the coaching staff, any sponsors, the Colonels Youth Football, Inc. organization and its Board of Directors and members, Covington Catholic High School, the Diocese of Covington, and any league which Colonels Youth Football, Inc. may affiliate, and the employees, agents, heirs, affiliates, officers, successors, and assigns of each from any responsibility that you or they might have regarding the health and physical condition of our child during his participation. On behalf of ourselves, our sort, our heirs, executors and assigns, we further release and forever discharge all the above individuals and entities from any and every claimant, demand, right or cause of action either in law or in equity arising from our child's participation in all activities.

The undersigned agree to indemnify and hold harmless all the above individuals and entities from any claim made in derogation of this release.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Should an injury occur, every effort will be made to contact the parent. However, if a parent can not be reached, please call:

Name \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_ Relationship to child: \_\_\_\_\_