

Richland Youth Sports Medical Release & Liability Waiver

A separate medical release & liability waiver must be completed for each child

I, _____ (parent/guardian's name), do hereby release Richland School District 88a, Richland Youth Sports, and its representatives for all claims of damage, injuries, demands, and actions whatsoever in arising or growing out of my child's participation in Richland Youth Sports activities. I have full knowledge of the probable risk involved. I certify that my child, _____ (child) is healthy and fit to participate in these activities.

I, _____ (parent/guardian's name), give Richland Youth Sports and their representatives, my permission to seek whatever medical attention necessary my child may need in case of emergency.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: 1. _____ Phone: _____

2. _____ Phone: _____

*Please indicate any medical conditions and/or allergies that Richland Youth Sports needs to be aware of:

RYS Use Only

Date received: _____ Date Entered in Online Registration: _____ Initials: _____