

2021 Bees Youth Football Release Form

PLEASE CAREFULLY READ AND SIGN

I, the parent or legal guardian of _____ (Participant), am allowing my above named child to participate in Bees Youth Football (BYF). I acknowledge that the game of football necessarily involves risks of injury. I also acknowledge that these injuries could lead to serious effects including but not limited to illness, physical injury and death. I attest that my child is physically able to participate in activities offered by BYF. As such I hold harmless BYF, Suburban Youth Football Conference (SYFC) members of its staff, the school districts and cities of Brecksville, Broadview Hts, Strongsville, Brunswick, Parma, Parma Hts, Seven Hills, Berea, Middleburg Hts, Medina, Brooklyn, Brookpark, Lodi, Westfield Center, Seville, Chatham, and Lafayette, and their affiliates. I hereby release, discharge and otherwise indemnify the above mentioned cities, schools and/or school districts, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for BYF and SYFC against any claim by or on behalf of the registrant as a result of the registrants participation in our program and/or being transported to or from the same, which transportation I hereby authorize.

Players Name (Print)

Parent Name (Print)

Home Phone

Emergency Contact & Phone

Physician's Name & Phone

Dentist's Name & Phone

Insurance Provider

Insurance Number

This form authorizes representatives of BYF & SYFC to seek emergency medical care for the child named above.

- YES**, I authorize BYF and/or any of their affiliates to seek emergency medical care for _____.

Signature of Parent or Legal Guardian and Date: _____

- NO**, I do not want or authorize BYF and/or any of its affiliates to seek emergency medical care for _____ . I understand by selecting NO, BYF assumes no responsibility for failure to obtain emergency medical services if it is later deemed to have been appropriate.

Signature of Parent or Legal Guardian and Date: _____