BRIDGEWATER RARITAN PANTHER FOOTBALL AND CHEER

EST: 2020 PO Box 6614, Bridgewater, NJ 08807

Emergency Contact Release Form	
Players name:	DOB:
Address:	
Insurance Co:	Policy#
Name:	Emergency Contacts Phone:
Name:	Phone:
hereby consent to his/her par acknowledge that his/her par coaches and other volunteers coaches and volunteers of the and all claims or actions what in the normal course of footbal I hereby give consent for adm of the attending physician it is	am the parent/guardian of the above-named child. I do cipation in Bridgewater Raritan Football and Cheer. I cipation is under the jurisdiction of the BRAC executive board. I hereby hold harmless and release the BRAC executive board Bridgewater Raritan Football and Cheer organization from any oever based on my child or myself as a participant or spectato I and cheer activities. I sion and treatment to any medical facility if in the judgement necessary for any treatment herein. This consent is to be a efforts have been made to contact me and obtain my
I hereby authorize an emergency physician, and or their designee, to provide emergency medical treatment to the above listed minor. No major surgery or life-threatening procedures may be performed upon the above child and no general anesthesia maybe administered UNLESS: the life or health of the child is in imminent danger and delaying such treatment to obtain consent would create a threat of serious injury to the health of the child.	
	CODE OF CONDUCT
responsible manner following	icipants are expected to conduct themselves and behave in a all BR Panther Football and all NJSYFL rules. Parents are and show respect, good sportsmanship and a positive attitude ials at all times
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Parent/guardian signature:	