

**Manitowoc Lutheran Jr. Lancer
YOUTH FOOTBALL PROGRAM, 2010**



WAIVER FORM

PLAYER NAME _____
(Last) (First) (M.I.)

PARENT/GUARDIAN _____

HOME ADDRESS _____ CITY _____ ZIP _____

WAIVER AND RELEASE OF LIABILITY AGREEMENT

In consideration of being allowed to participate in the MLHS JR. LANCER YOUTH FOOTBALL program, related events and activities, the undersigned acknowledges and agrees that:

1. While particular rules, equipment, and personal discipline may reduce the risk of serious injury from activities involved in football, the risk does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown; and,
3. I fully understand and agree that MANITOWOC LUTHERAN HIGH SCHOOL, the MLHS JR. LANCER YOUTH FOOTBALL program, its coaches and designated parties may not be held responsible for injuries sustained by me on or off the football field; and
4. I will comply with all rules and regulations of the MLHS JR. LANCER YOUTH FOOTBALL program; and,
5. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazards during my presence or participation, or if I am injured while participating in this activity, I will remove myself from participation and bring such to the attention of the nearest team official immediately; and,
6. I, for myself and on behalf of my heirs, assigns, and personal representatives, hereby release and hold harmless the MLHS JR. LANCER YOUTH FOOTBALL program, its members, officers, coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property.

I have read this Waiver and Release of Liability Agreement, fully understand its terms, and sign it freely and voluntary without any inducement.

Player's Signature _____ Date Signed: _____

Parent/Guardian's Signature _____ Date Signed: _____



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MEDICAL INFORMATION FORM

Form MUST Be Signed and Returned Prior to Participation

Dear Parents:

The following is requested in the interest of your child's health and safety. We ask for this information to assist medical personnel in the treatment of your child should it ever become necessary to do so. Although every effort will be made to contact you, this information may provide important information to a physician or paramedic immediately, especially regarding allergies or medication. This information will be kept confidential. One copy will stay on file and the other will be with the coach at all away games.

Player's Name _____
(Last) (First) (M.I.)

Doctor's Name _____
Office/Clinic Name _____
Phone # _____

Parent/Guardian Name _____
Primary Phone where you can be reached (____) _____ - _____

Emergency Contacts:	<u>Name</u>	<u>Phone</u>	<u>Relation</u>
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____

Emergency Room Preference (check one): Holy Family _____ Aurora _____

List any physical abnormalities: _____

List any known allergies: _____

List any prescribed medications taken: _____

In case of accident or serious illness, I request that the coaches or trainer contact me. If they are unable to reach me, **I hereby authorize the coaches:**

- To call and follow the instructions of the physician or to call for ambulance assistance if it is needed.
- If it is impossible to contact this parent or physician to take whatever arrangements as seem necessary.

Parent/Guardian's Signature _____ Date _____

