

PARENTS WAIVER AND CONSENT

In consideration of the Youth Football or the Ohio Gridiron Youth Football Conference accepting my application of my son or daughter, we the undersigned, intend and agree to be legally bound hereby and for ourselves, our heirs, executors, and administrators, hereby waive and release any and all rights and claims for damages we may have against the management of Youth Football, its officers, directors, or coaching staff, or any member of any team or any officer of Ohio Gridiron Youth Football Conference, its representatives, successors and assigns, its affiliated organizations and sponsors, its employees and associated personnel, including owners of the fields and facilities, for any and all injuries to/by me, my son or daughter, at any practice, clinic, scrimmage or game or any other meeting of the Youth Football and/or the Ohio Gridiron Youth Football Conference.

In addition, your child will be instructed on the following rule concerning the use of their helmet. "Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and can result in severe head, brain, or neck injuries, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as result of accidental contact without the intent to butt, ram, or spear.

***NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES*.**

We in having read the Parents Consent and Waiver hereby agree to obey all the rules and regulations of the Youth Football and Ohio Gridiron Youth Football Conference and its members teams and agree that this right to participate may be revoked at any time for conduct detrimental to the Youth Football as determined by the Youth Football and/or Ohio Gridiron Youth Football Conference.

Signature _____ Player's Signature Parent's

EMERGENCY MEDICAL AND SURGICAL TREATMENT FORM

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. I also agree that the patient when admitted is to remain in the hospital until his or her physician recommends the patient's discharge.

In witness of consent and agreement to the matters stated in the three preceding sentences, I have subscribed my signature below.

Parent or Guardian Date

• This form is to be used by the coach only after every attempt is made to contact the parent or guardian and only in the case of an emergency.

Honor Code	
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Youth Football is committed to the Student Athlete. We also believe strongly in the discipline and structure football/cheerleading teaches each athlete. This does not just mean on the field, but also at home and in the classroom. We ask that members of our program strive to excel in the classroom, be respectful at home, and work hard for their team. By signing below, you the athlete agree to make sure your school assignments are completed on time, you strive to maintain good grades, and you respect and honor your parents and adults. You also commit to your team to be there at every practice and game so that you all can achieve the very best you can. This also includes being in full uniform as prescribed by your coach's for all games and practices. Be one of the best!

Player's Signature