WAUKEGN YOUTH FOOTBALL ASSOCIATION

P.O. Box 8886 • Waukegan, IL. 60079 • (847) 505-5916
www.WaukeganYouthFootball.org

PARENTAL APPROVAL – MEDICAL POWER OF ATTORNEY

Participant's Name_____

Address_____ City_____ Zip_____

Parent(s) Name _____

Home Phone ( )_____ Second Phone ( )_____

As parent/legal guardian of the above named child, I do hereby approve participation in the activities of the Waukegan Youth Football Association (WYFA) during the 2011 season. The game of tackle football is a contact sport that, despite proper precaution and supervision, carries with it the inherent risk of personal injury that could be serious or life threatening. I, personally and on behalf of my child, understand the danger of personal injury or death that may result from football or cheerleading and participating in the WYFA program, including but not limited to falling, being struck by the football or another individual. I, personally and on behalf of my child, assume any and all risk that is in any way associated with, related to, or occurs as a result of my child's participation in the WYFA program. Should my child become injured as a result of participation, I do hereby waive and hold harmless any and all claims against the WYFA, its coaches, directors and officers, School District 60 and the Waukegan Park District.

I affirm that my child is healthy and in good physical condition as is required for Tackle Football. I understand it is my responsibility to have my child checked by a medical condition(s), including any medication or allergies, which may impair my child's ability to participate in this sport or hinder emergency medication attention.

I understand and acknowledge that the WYFA does not carry any health or medical insurance on the participants and that our family has adequate medical insurance to cover our child should treatment be required.

I appoint the Waukegan Youth Football Association, its coaches and directors as my attorney to act on my behalf for the purposes of obtaining medical emergency treatment for the above named child. This special power of attorney shall only be valid from July 1, 2011 through December 30, 2011.

I, personally and on behalf of my child/children, hereby give releases and permission to use my child's name, and/or photograph, quotations and likenesses in any advertisements, or promotions performed in connection with the WYFA program, and agree that neither my child nor I shall be entitled to any compensation for such use.

By signing below I agree to the above terms and conditions of this Parental Approval, Medical Power of Attorney and the attached Dear Parent/Guardian letter.

Parent/Guardian
Signature_____Date_____

Emergency Contact Name _____ Phone ( )_____

Other than Parent/Guardian

Family Physician Name_____ Phone ( )_____