

PARENT CONSENT FORM



I, _____, the parent or legal guardian of the

_____ (participant name), who resides at
the below address:

For any situation, please contact me at ()-_____-_____- or ()-_____-_____

Secondary person of contact _____ at ()-_____-_____

As a parent or legal guardian I give consent, and affirm I have been informed of all the sport activities my son/daughter will participate in while registered with _____ (organization name). I understand the general structure of the sport activities/programs under the Florida Elite Football and Cheer League Inc.

In my absence, the above-named participant may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, licensed technicians, PA and nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment to the above participant. I am acknowledging medical care or treatment could be delayed and may not be possible at the facility my child is transported to should my verbal authorization be needed from the medical facility or from a licensed medical professional.

The information provided in this form is complete and accurate. By signing this form, I confirm I have read the contents of this Parental Consent and Medical Release Form. I hereby and attest to I have all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

STATE OF FLORIDA, COUNTY OF _____

The foregoing document was acknowledged before me this _____ day of _____, 20____, by

Notary Public Signature

Personally Known _____ or Produced Identification _____
