OYCSL

Participant Release Form

(Please Print)

Minor's Name: _____ Age: _____ Birth date: _____
Apellido/Last Name Nombre/First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____
Last First Middle

Cell Phone :(____)_____Email_____

Team: _____ Division: U-_____

Attach participant photo here.

VIDEO-PHOTO RELEASE

I give permission for photographs of my child to be used in newspaper or other media in connection with **OYCSL**

MINOR RELEASE

I, the undersigned, hereby give permission for the above named minor in my custody to participate in the above described activity ("the activity") and hereby waive, release, and discharge any and all claims or rights to claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of the minor's participation in the activity. This release is intended to discharge in advance the promoters, sponsors, officials, the **OYCSL**, agents and employees from and against any and all liability arising out of or connected in any way with the minor's participation in the activity, even though that liability may arise out of negligence or carelessness on the part of any person or entity mentioned above.

I further understand that serious injuries occasionally occur during the activity and participants in the activity occasionally sustain mortal or serious personal injuries and or property damage, as a consequence thereof. Knowing the risks of the activity, nevertheless, on behalf of the minor, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me, my heirs or assigns for damages.

I further understand and agree that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules and regulations of the **OYCSL**.

_____ _____

SIGNATURE OF PARENT OR GUARDIAN ***DATE***

CONSENT TO TREATMENT

In the event of sudden illness, accident, or injury which may occur while the above named minor is engaged in the activity supervised by the **OYCSL.** and its representatives, employees, agents or assignees, when neither the minor's parent(s), guardian(s) or designated family medical provider can be contacted, I hereby give my consent for emergency treatment as necessary under the circumstances by any medical provider licensed under the laws of the State of California.

_____ _____

SIGNATURE OF PARENT OR GUARDIAN ***DATE***

Family Doctor or Clinic: _____ Doctor or Clinic Phone :(___) _____

Medical Insurance to: _____Type of Coverage: _____

Pertinent Medical History/Information (*Epilepsy, Diabetes, Allergies*): _____

Alternate Emergency Contact (Other Than Parent/Guardian):_____ Phone :(___) _____