

# Sierra Warriors Youth Football

## CONSENT FORM

While my child \_\_\_\_\_ is attending or traveling to or from this function, I HEREBY AUTHORIZE THE ADULT MANAGER or in his/her absence or disability, anyone accompanying or assisting him/her, to CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR NAMED ABOVE, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act; or an x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provision of the dental Practice Act.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until my child completes his/her activities in the program unless sooner revoked in writing. I understand that, as a parent/legal guardian, I will be responsible for the cost of any treatment or service provided. I/We the undersigned, parent(s) of the above named child, who is a candidate for a position on a Sierra Youth Sports (M.C.R.F.) athletic team, hereby give my/our approval to his/her participation in any and all of the activities of the league during the current season in which he/she participates. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, indemnify and hold harmless Sierra Youth Sports, (M.C.R.F.), sponsors, managers, coaches, umpires and supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from their activities. I/We will furnish a certified birth certificate of the above-named child upon request of any Sierra Youth Sports Official. BY SIGNING THIS FORM, I/WE WAIVE ALL CLAIMS AGAINST SIERRA YOUTH SPORTS, M.C.R.F., SIERRA UNIFIED SCHOOL DISTRICT AND ALL PERSONS ASSOCIATED WITH THIS LEAGUE AND/OR LOCAL SCHOOLS WHERE PRACTICES AND GAMES ARE HELD.

I/We acknowledge that I/We have read this consent form and knowingly, on behalf of my child, assume all risks associated with participating in any way in the Sierra Youth Sports Program (M.C.R.F.)

**I/WE hereby authorize MCRF to use any photos taken of my/our child on the MCRF website and /or marketing materials**  yes  no  
initials \_\_\_\_\_

DATE: \_\_\_\_\_  
PARTICIPANT: \_\_\_\_\_  
PARENT/GUARDIAN: \_\_\_\_\_

## M.C.R.F.

Mountain Communities Recreation Foundation

### Players:

FIRST NAME \_\_\_\_\_

LAST NAME: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

Mother's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Father's Name: First \_\_\_\_\_ Last \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_

Dad cell # \_\_\_\_\_

BOY  GIRL

RETURNING PLAYER: YES  NO

### EMERGENCY CONTACT / MEDICAL INFORMATION

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ (other than Parent/Guardian) Cell Phone: \_\_\_\_\_

PLEASE NOTE ANY ALLERGIES OR MEDICAL INFORMATION THAT PERTAINS TO THE PHYSICAL CONDITION OF THE APPLICANT:

\_\_\_\_\_

\_\_\_\_\_

SIERRA YOUTH SPORTS IS A **NON-PROFIT ORGANIZATION** THAT IS RUN STRICTLY BY VOLUNTEERS. PLEASE BE WILLING TO VOLUNTEER SOME OF YOUR TIME IT WILL BE GREATLY APPRECIATED. PLEASE CHOOSE ONE OF THE FOLLOWING:

- |  |   |
|--|---|
| <input type="checkbox"/> COACH           | <input type="checkbox"/> CONCESSION (SNACK BAR) |
| <input type="checkbox"/> ASSISTANT COACH | <input type="checkbox"/> FUNDRAISING            |
| <input type="checkbox"/> SCOREKEEPER     | <input type="checkbox"/> SPONSOR                |
| <input type="checkbox"/> OTHER _____     |   |

### M.C.R.F. USE ONLY

PAID:  CASH  CHECK  
 ONLINE  CREDIT CARD  
AMOUNT \$ \_\_\_\_\_ Check No. \_\_\_\_\_