

CATTARAUGUS COUNTY MIDGET FOOTBALL LEAGUE

Team Name: _____

Participant's Name: _____

Address: _____ Phone: _____

_____ Secondary Contact Phone: _____

DOB: _____ E-Mail Address: _____

Medical Insurance/Group Name and Id Number _____

Known Allergies: _____ Major Medical Issues _____

Name of Family DR.: _____ Phone: _____

I, the undersigned, give permission for my son/daughter to participate in the Cattaraugus County Midget Football League, Inc. programs and do hereby affirm that he/she has no physical limitations that would preclude participation in tackle football and cheerleading. I understand that, even with safety precautions and equipment, accidents happen. I hereby relieve all the coaches and officials of the Cattaraugus County Midget Football League, Inc. from responsibility for accidental injury and waive my rights to legal prosecution for any such injuries. I acknowledge that my family insurance plan will be used before any benefits will be available from the League insurance Plan.

I hereby grant permission to the Cattaraugus County Midget Football League, Inc coaching staff or their designee to obtain any Emergency Medical Treatment for my son/daughter as may be required. A representative of the Cattaraugus County Midget Football League, Inc. will make reasonable attempts to contact the designated guardian at the listed telephone numbers prior to utilizing the limited power of attorney.

IN WITNESS WHEREOF I have hereunto signed my name this _____ day of _____, 20 _____

Parent Signature

STATE OF NEW YORK)
COUNTY OF) ss:

On this _____ day of _____, 20 _____ before me personally appeared to me known and known to me to be the person described in and who executed the forgoing power attorney and (s)he du,ly acknowledge to me that (s)he executed the same.

Notary Public