MEDICAL CONSENT FORM AND LIABILITY RELEASE AGREEMENT

Name of Participant				**Age**	
Name of Parent/Guardian (print)					
Street Address					
City, State Zip					
Home Phone		**Work Phone**		**Cell Phone**	

HEALTH INFORMATION

Known medical conditions/problems and special dietary needs:

Known allergies to medications/anesthetics:

Primary Care Physician		**Phone Number**	

ATTACH COPY OF HEALTH INSURANCE CARD AND COMPLETE BELOW

Health Insurance Carrier				**Name of Insured**	
Verification Phone		**Insurance ID #**		**Claims Mailing Address**	

I recognize and acknowledge that there are certain inherent hazards and risks connected with activities and programs of the Williamson Home School Football Program (Wilco Football) in which my child is registered. I knowingly and voluntarily assume full responsibility for such risks and hazards. I am aware of the content of the programs and activities of Wilco Football and hereby represent that the above child is physically, mentally, and emotionally fit and capable of participating in such programs or activities. In consideration of acceptance of my child's registration to participate in Wilco Football, we hereby waive all claims for personal injury and property damage and release Wilco Football and all of its directors, coaches, employees, volunteers, and sponsors of and from any and all claims and liabilities of whatever kind, including those of negligence and gross negligence, which I or my child might have, arising out of my child's participation in Wilco Football and all related activities.

In the event that an emergency should arise with my child, I voluntarily authorize any adult associated with Wilco Football to consent to medical care, attention, and treatment by any hospital, physician, or dentist as such hospital, physician, or dentist may deem necessary or advisable, including any x-ray examination, anesthetic, medical or surgical diagnosis or procedure. I agree to pay the reasonable cost of such medical care, attention, or treatment, and indemnify and hold Wilco Football, its directors, coaches, employees, volunteers, and sponsors free and harmless of and from any and all liability for such cost.

It is understood that effort shall be made to contact me prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

ALTERNATE CONTACT INFORMATION

Name		**Relationship**		**Phone Numbers**	

I agree that a photocopy of this consent or a copy sent by facsimile may be accepted by any health care provider. This consent shall be valid for one year from the date of signing.

Signature of Parent or Guardian Date