

Team: _____

SANDY SPRINGS YOUTH FOOTBALL & CHEERLEADING MEDICAL RELEASE

I, _____ give my child _____ permission to participate in the Sandy Springs Youth Football/Cheerleading program. Furthermore, I agree to indemnify and hold harmless Sandy Springs Youth Football and Cheerleading and its affiliates from any liability associated with my child's involvement with the Sandy Springs Youth Football and Cheerleading program.

In case of emergency, please notify:

Name: _____	Relationship: _____
Day Phone: _____	Evening Phone: _____
Name: _____	Relationship: _____
Day Phone: _____	Evening Phone: _____
Name: _____	Relationship: _____
Day Phone: _____	Evening Phone: _____

In the event of emergency or illness, I hereby give permission for _____ to receive medical services as deemed necessary.

Insurance Information:

Insurance Carrier: _____
 Policy #: _____
 Primary Care Physician: _____
 Phone #: _____
 Hospital Preference: _____
 Allergies: _____
 Medical Precautions: _____
 Other: _____

Parent Guardian Signature _____

Date _____

www.sandyspringsfootball.com