

RELEASE FROM LIABILITY AND AUTHORIZATION

NORTHERN MICHIGAN YOUTH FOOTBALL LEAGUE

REVISED 6/13/2018

PARENT OR GUARDIAN'S AUTHORIZATION AND RELEASE

Child's Name: Grade:	
Address: DOB:	
City:Phone:	
IN CASE OF AN EMERGENCY, I HEREBY AUTHORIZE _ QUALIFIED, LICENSED PHYSICIAN.	TO BE TREATED BY A
For and in consideration of the opportunity for my child,	
I/We further state that I/We have carefully read the sign the same of my/our own free act and deed. CA	foregoing release and know that contents thereof and I/We AUTION: READ BEFORE SIGNING.
	DATETEAM NOTE: IT IS RM FOR EACH PLAYER OR CHEERLEADER PARTICIPATING IN YOUR YER'S RECORD AT EACH GAME WITH A COPY OF INDIVIDUAL'S