



Athlete/Visitor Parent/Guardian Consent, Waiver & Release

Player's Name: _____ **Date of Birth:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Facility Name/Location: _____

Primary Emergency Contact (Parents/Guardians):

Name: _____ **Phone #1:** _____ **Phone #2:** _____
Name: _____ **Phone #1:** _____ **Phone #2:** _____

Secondary Emergency Contact:

Name: _____ **Phone #1:** _____ **Phone #2:** _____
Name: _____ **Phone #1:** _____ **Phone #2:** _____

Medical:

Allergies: _____
Other Medical Conditions: _____

Player's Physician: _____ **Clinic:** _____ **Phone:** _____
Player's Dentist: _____ **Clinic:** _____ **Phone:** _____

Medical Insurance Company: _____ **Phone:** _____
Name of Policy Holder: _____ **Policy #:** _____ **Group #:** _____

I consent to the athlete, _____, participating in competitive sports ("the programs") at the Crossfire Youth Sports (CYS) facility or one of Crossfire Youth Sports partnering facilities. I understand the potential for injury and serious bodily harm associated with competitive sports and I, on behalf of myself, my child, my child's other parent/guardian and our collective heirs, assigns and executors, assume this risk and waive all claims against Crossfire Youth Sports, its directors, officers, employees, contractors, volunteers and agents (collectively "CYS") for any injury, harm, damage or loss associated with the athlete's participation in the programs, and I hereby release, discharge and otherwise agree to indemnify CYS for all claims or actions of any nature whatsoever arising out of the athlete's participation in the programs, and I, on behalf of the aforementioned, assume all liability for any injury, harm, damage or loss to CYS or other participants caused by the athlete or my guests.

I understand that CYS may or may not be hosting the programs the athlete is participating in and has no responsibility to supervise the programs. I also understand that while CYS obtains certain medical and health information about participants, it is not responsible to seek emergency medical or dental services if the athlete or my guests are injured. With that understanding, I affirm that the athlete has had a physical examination by a licensed medical doctor and has been found physically healthy and capable of participating in sports. I understand it is my responsibility to notify the organization hosting the programs in writing of any ailment or other condition that could impact the athlete's ability to safely participate in the programs. I consent to having an athletic trainer, medical professional, or dental professional provide the athlete with emergency medical/dental treatment and I agree to be financially responsible for the cost of such treatment.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____