

Covington Community Sports Youth Sports

Informed Consent Form

I hereby give my permission for _____ to participate during the current athletic season with Covington Community Sports (CCS). Further, I authorize CCS, or its Coach, or appointed official to provide emergency treatment of any injury to or illness of my child if qualified medical personnel consider treatment necessary *and* perform that treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent(s) or Guardian(s) _____

Address _____ Phone (____) _____

Family Physician _____ Phone (____) _____

Pre-existing medical conditions (i.e. allergies/asthma):

Are there any other conditions that your child's coach needs to be aware of?

Other(s) to contact in case of emergency

Relationship to Child _____ Phone (____) _____

My child and I are aware that participating in a sports program is a potentially hazardous activity. I assume all risks associated with my child's participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this informed consent form and agree to its conditions on behalf of my child and any other parent/guardian of my child.

Parent's signature _____ Date _____

Please return this form to your child's Coach.

This is for the Coach's records.

This will be kept by the coach and will be at all your child's practices and games in case needed.