

S.A.F.L. CONSENT FORM

SUBURBAN AMATEUR
FOOTBALL LEAGUE



FOUNDED 1966

PLAYER PLEASE PRINT FIRMLY AND LEGIBLE TO MAKE MULTIPLE COPIES

Last Name _____ First Name _____ In# _____

Address _____ City _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Birth Date _____

Month _____ Day _____ Year _____ Age _____

DIVISION PW
JR.
SR.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

Signature of Parent/Guardian

X _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Business/Cell _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the SAFL, its affiliated teams, organizations, and sponsors. Recognizing the possibility of physical injury associated with football, and in consideration for the SAFL accepting the registrant for its football games and activities (the "Games"). I hereby release, discharge and/or otherwise indemnify the SAFL, its affiliated teams, organizations, and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrants participation in the games and/or being transported to and from the same, which transportation I hereby authorize.

Name _____
Parent/Guardian (please print)

Signature **X** _____ Date _____