



NYAA RELEASE, EMERGENCY CONTACT INFORMATION, AND EMERGENCY MEDICAL AUTHORIZATION

I. Release

I hereby certify that _____ (child) has my approval to participate in sports conducted by Northwest Youth Athletic Association (NYAA) for the calendar year _____ unless I give written notice to the contrary. I hereby certify that my child has no injury or illness that would limit my child's participation in any NYAA activity.

Being fully aware of the risks associated with my child's participation in sports, I knowingly and voluntarily assume all risks of bodily injury that may be suffered by my child. I expressly agree to indemnify, protect, exonerate, defend and save NYAA and its representatives harmless from any and all claims, lawsuits, causes and/or rights of action, for injuries or damages due as a result of, pertaining to, relating to, caused by or arising out of my child's participation in any NYAA program. I forever release and discharge NYAA and its representatives from any and all claims, lawsuits, causes and/or rights of action as a result of, pertaining to, relating to, caused by or arising out of my child's participation in any NYAA program.

II. Emergency Contact Information

In case of emergency, if I am unavailable, please contact:

Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____

III. Pertinent Medical Information

Family Physician: _____ Phone: _____ Insurance Company: _____ Policy Number: _____ Type of Coverage: _____

Medical history and/or physical limitations (include surgeries):

Medical conditions (e.g., asthma, epilepsy, diabetes, etc.):

Allergies (include medication, food, insect bites/stings, etc.):

Current medication and prescribing doctor:

IV. Emergency Medical Authorization

In the event that my child becomes ill, sustains an injury, or is involved in an accident, and no authorized contacts are accessible, I authorize NYAA to seek any necessary treatment and authorize the treating hospital/physician to provide my child any emergency medical treatment they deem necessary or appropriate. Such consent shall include, but not limited to administration of necessary anesthetics, medical treatment, test, x-ray examination, transfusions of drugs and the performing of whatever operations may deem necessary or advisable. I authorize NYAA to release and disclose to others the medical information I have disclosed in this Registration Form whether the information is otherwise private, privileged, protected or personal health information as defined by applicable law. I accept full responsibility for any expenses incurred in the medical treatment of my child and understand that NYAA does not assume any financial obligation or liability for the medical treatment of my child.

V. Terms and Conditions of Membership/Participation:

By signing below, I have read, understand and accept the terms and conditions of the following documents: Code of Conduct, Risk of Concussion/Traumatic Brain Injury, Sudden Cardiac Arrest Symptoms/Warning Signs and Photograph Release Form. **Please read each document carefully before signing. All documents may be found online at NYAATigers.org** under Downloads or by reading the NYAA's Privacy Statement.

Date: _____ Parent/Guardian Signature: _____ Printed Parent/Guardian Name: _____

Address: _____ Home Phone: _____ Cell Phone: _____