



## VSKYF AUTHORIZATIONS

*By signing this form you give authorization for VSKYF to utilize the requested information as outlined below. Any sensitive information provided will be treated as confidential. It will be the parents responsibility to inform the Head Coach of any updates, changes, or errors on the information provided.*

### **Emergency Medical Treatment and Consent:**

I hereby my signature grant permission for my (child/ward) \_\_\_\_\_ to participate in any and all \_\_\_\_\_ (Association name) events, games and other functions including but not limited to social, and/or fundraising activities. I consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgement. I presume a reasonable attempt was made to contact me.

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

X

\_\_\_\_\_  
Parent/Guardian Signature

### **Image Release – MINOR**

#### **READ BEFORE SIGNING**

In consideration of (Child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in any way with the Virginia Stafford Knights Youth Football organization, the undersigned agrees and hereby grants permissions and the unrestricted right, free from approval or review, to copyright and/or use my child/ward's likeness in all media now or hereafter known, including but not limited to , pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use. I understand my child's best interest will be taken into consideration prior to any use of his/her likeness.

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_