



Parental Consent Agreement and Medical Approval

Player's Name: _____ Birth Date: _____

Address: _____

ASSUMPTION OF RISK/RELEASE OF LIABILITY

Contact football activities, by their nature, involve certain elements of risk, which involve the potential for bodily injury. By signing below, I state that I acknowledge this element of risk and agree to permit my child to participate in the South County Athletic Club (SCAC) football program. I, the undersigned parent and/or legal guardian of the above player, do hereby release the South County Athletic Club, SCAC, its successors, assigns, officers, Board Members, coaches, and sponsors from any and all claims, demands and causes of action whatsoever in any way growing out of or resulting from the participation of the above-named child in the SCAC program. I further agree to abide by all of the rules established by the Jefferson County Youth Association and the SCAC, as well as abide by decisions of the SCAC Board of Directors.

ALTERNATE RESOLUTION OF DISPUTE

Should I exhaust all remedies available to me through the Jefferson County Youth Association Football League and the South County Athletic Club, SCAC grievance procedures, I agree that I will not sue in law or equity, but instead will participate in binding arbitration of any dispute, controversy or claim arising out of or relating to the above player's participation, or denial thereof, in the SCAC. I agree to be bound by all arbitration agreements as shall be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association to the exclusion of any other legal remedy I or the player may have. I understand that judgment upon the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. I agree that this consent agreement shall remain in full force and effect until such time as the SCAC shall receive written notification of the abrogation or cancellation of the agreement from the undersigned parent and/or legal guardian.

THIS CONSENT/AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION, WHICH MAY BE ENFORCED BY THE PARTIES.

Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, the parent or legal guardian of the above-named child, hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury.

Signature: _____ Date: _____

MEDICAL APPROVAL

The above named player is known to me and is physically fit to participate in full-contact football and has no impairments that would prohibit his participation in contact football activities.

Approved Physician: _____ Date _____

Physician Address: _____

Phone (required) _____

Print Physician Name or Office Stamp: _____

Parent Signature _____ **by signing, parent assumes full**

medical liability for player and relieves SCAC, its Board members and coaches from legal or any other liability.