



# NEBRASKA MIDGET FOOTBALL LEAGUE

## PARENT OR GUARDIAN CONSENT FORM

I THE PARENT OR GUARDIAN OF THE BELOW NAMED CANDIDATE FOR THE NEBRASKA MIDGET FOOTBALL LEAGUE, HEREBY GIVE APPROVAL FOR HIS OR HER PARTICIPATION IN ANY AND ALL TEAM OR LEAGUE ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION. INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES; AND TO WAVE , RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE NEBRASKA MIDGET FOOTBALL LEAGUE, THE ORGANIZERS, SPONSORS, COMMISSIONERS, ORGANIZATIONS, COACHES AND PERSONS TRANSPORTING THE CANDIDATE TO AND FROM ACTIVITIES FOR ANY CLAIM (S) ARISING FROM ANY INJURY TO THE CANDIDATE.

I GRANT PERMISSION TO THE TEAM OR LEAGUE OFFICIALS OF THE NEBRASKA MIDGET FOOTBALL LEAGUE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CARE CLINIC SHOULD THE CANDIDATE BECOME ILL OR INJURED WHILE PARTICIPATING IN TEAM OR LEAGUE ACTIVITIES.

I ALSO GRANT PERMISSION TO THE COMMISSIONERS OF THE LEAGUE TO OBTAIN PROOF OF AGE FOR MY CANDIDATE FROM SCHOOL; RECORDS AND BUREAU OF VITAL STATISTICS.

***PLAYERS JERSEY NUMBER*** \_\_\_\_\_

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PRINT PLAYERS FULL NAME ON THIS LINE

\_\_\_\_\_  
AGE AS OF AUGUST 1<sup>ST</sup>  
(Rec. Division Dec. 31 of CY)

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PLAYER

\_\_\_\_\_  
DATE

TO ALL COACHES: THIS SHEET MUST BE FILLED OUT WITH A PICTURE AFFIXED AND TURNED IN WITH A COPY OF PLAYERS BIRTH CERTIFICATE AND YOUR ENTRY FEES. TO THE LEAGUE OFFICIALS AT WEIGH IN TIME ALONG WITH YOUR OFFICIAL TEAM ROSTER. THESE SHEETS MUST BE IN THE SAME ORDER AS THE PLAYERS ARE LISTED ON THE ROSTER.