



**MADISON HEIGHTS LITTLE FOOTBALL LEAGUE  
MADISON HEIGHTS WOLVERINES OR MHLFL”  
2020 MEDICAL TREATMENT FORM**



**PARENTAL CONSENT FOR MEDICAL TREATMENT OF MINOR**

IF THE APPLICANT IS UNDER 18 YEARS OF AGE, THE PARENTS OR GUARDIANS MUST EXECUTE IN PLACE OF THE MINOR.

I HEREBY AUTHORIZE ANY DULY AUTHORIZED DOCTOR, ATHLETIC TRAINER, EMERGENCY MEDICAL TECHNICIAN, PARAMEDIC, NURSE, HOSPITAL OR OTHER MEDICAL FACILITY TO TREAT SAID MINOR FOR THE PURPOSE OF ATTEMPTING TO TREAT OR RELIEVE ANY INJURIES RECEIVED BY OR ILLNESS OF SAID MINOR WHILE HE/SHE IS A PARTICIPANT OR OBSERVER AT THE EVENT NAMED BELOW.

I AUTHORIZE ANY LICENSED PHYSICIAN TO PERFORM ANY PROCEDURE WHICH HE/SHE DEEMS ADVISABLE IN ATTEMPTING TO TREAT OR RELIEVE ANY INJURIES TO OR ILLNESS OF SAID MINOR THAT HE/SHE MAY ENCOUNTER DURING ANY NECESSARY OPERATION.

I CONSENT PHYSICIAN TO THE ADMINISTRATION OF ANESTHESIA TO SAID MINOR AS DEEMED ADVISABLE BY ANY LICENSED PHYSICIAN.

THE UNDERSIGNED PARENT OR NATURAL GUARDIAN OR LEGAL GUARDIAN OF SAID MINOR DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, IN SUCH CAPACITY AND TO THE EXTENT PERMITTED BY LAW AGREES ON HIS BEHALF AND THAT OF THE MINOR TO SAVE AND HOLD HARMLESS AND INDEMNIFY OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS, EVENT HOLDERS AND SPONSORS, DOCTORS, EMERGENCY MEDICAL TECHNICIANS, ATHLETIC TRAINER, PARAMEDICS, NURSES, HOSPITALS OR OTHER MEDICAL FACILITIES FROM ALL LIABILITY, LOSS, COST, CLAIM OR DAMAGE WHATSOEVER THAT MAY BE IMPOSED UPON OR INCURRED BY SAID PARTIES BECAUSE OF THE PARTICIPATION OF THE MINOR IN THE EVENT SHOWN, AND DOES RELEASE SAID PARTIES ON BEHALF OF BOTH THE PARENTS OR LEGAL GUARDIAN.

**STUDENT PARTICIPATION**

THIS APPLICATION TO PARTICIPATE IN ATHLETICS IS VOLUNTARY ON MY PART AND THE INFORMATION SUBMITTED IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

I HAVE NEVER RECEIVED MONEY OR NEGOTIABLE CERTIFICATES FOR MERCHANDISE IN ANY AMOUNT, NOR ANY EMBELMATIC AWARD OR MERCHANDISE WORTH MORE THAN TWENTY-FIVE DOLLARS (\$25.00) FOR PARTICIPATING IN ATHLETIC EVENTS, NOR HAVE I EVER COMPETED UNDER AN ASSUMED NAME. AFTER I HAVE REPRESENTED MY TEAM IN ANY SPORT, I WILL NOT COPETE IN ANY OUTSIDE ATHLETIC CONTEST IN THIS SPORT UNTIL AFTER THE OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION SEASON HAS BEEN COMPLETED.

I UNDERSTAND THAT I AM EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF MY TEAM AND THE OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION, SUCH AS THOSE PREVIOUSLY MENTIONED ABOVE AS EXAMPLES BUT WHICH DO NOT PRESENT ALL THE POLICIES TO WHICH I AM SUBJECT.

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE A PHYSICAL FROM THE DOCTOR THE LEAGUE HAS PROVIDED OR I MAY GET ONE FROM MY OWN PHYSICIAN.

I HEREBY GIVE MY CONSENT FOR MY SON/DAUGHTER TO ENGAGE IN INTERSCHOLASTIC ATHLETICS AND UNDERSTAND THE POSSIBILITY THAT SERIOUS INJURY MAY RESULT FROM PARTICIPATING IN ATHLETIC ACTIVITIES.

I FURTHER UNDERSTAND THAT MY SON/DAUGHTER WILL BE EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF THE OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION.

BY SIGNING BELOW I AGREE TO ALL OF THE ABOVE

EVENT: OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION

\_\_\_\_\_ PARTICIPANT NAME

\_\_\_\_\_ AGE

X \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_ DATE SIGNED