

Department of Parks, Recreation and Conservation
Hillsborough County, Florida
**YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM**

Please read carefully and sign either Part I or Part II

PART I

The undersigned, as parent or legal guardian of (print name of name)

_____ hereby consents to the following in the event (print name of name)

_____ is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of name)

_____ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time medical treatment may be given to (print name of name) included but not limited to anesthesia and emergency surgical treatment as deemed necessary by a qualified physician at the medical facility.

No action shall be taken until attempt is made to contact me at the phone number(s) listed below

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent or Guardian Parent or Guardian Name: _____

Parent or Guardian Parent or Guardian Name Signature: _____

(STATE OF FLORIDA) The foregoing instrument was acknowledge be me on this _____ day of _____, 200 _____

(COUNTY OF HILLSBOROUGH) _____ (name of parent/guardian) who is personally known to me or who has produced Drivers License # _____ as identification and who (did) or (did not) make an oath.

PART II

The undersigned, as parent or legal guardian of (print name of name)

_____, I do not desire to sign the medical and release form above.

Parent or Guardian Parent or Guardian Name _____

Parent or Guardian Parent or Guardian Signature _____

PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate