

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**