

**MEDICAL TREATMENT**  
**CONSENT FORM FOR MINOR**

I, the undersigned, as parent/guardian of \_\_\_\_\_,  
(minor's name), the "registrant" for Dayton Little Guys Football, Inc., (DLGF), hereby  
give consent for emergency medical care prescribed by a duly licensed doctor of  
medicine or dentistry. This care may be given under whatever conditions are necessary  
for the well-being of registrant. List any medical condition that your coach needs to  
know here:

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**RELEASE STATEMENT**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I  
will abide by the rules of Dayton Little Guys Football, Inc., (DLGF) and its affiliated  
organizations and sponsors. Recognizing the possibility of physical injury associated  
with football, and in consideration for DLGF accepting the registrant for its football  
programs and activities, I hereby release, discharge, and/or otherwise indemnify DLGF,  
its affiliated organizations and sponsors, their employees, coaches, and associated  
personnel, including the owners of the fields and facilities utilized for the programs,  
against any claim by or on behalf of the registrant as a result of the registrant's  
participation in the programs and/or being transported to or from the same, which  
transportation I hereby authorize.

I agree that DLGF may use photos or film of registrant for purposes of  
illustration, advertising, publication and promotion of DLGF and its programs, and  
I further agree that DLGF may use registrant's name in the newsletter, newspaper, or  
other publication described above.

The emergency contact person, other than registrant's parent/guardian shall be  
\_\_\_\_\_ (name), who can be reached at \_\_\_\_\_  
(phone number).

\_\_\_\_\_  
Parent/Guardian Signature  
for Consent/Release

\_\_\_\_\_  
Date