

**North Hall Junior Football Association, Inc.**  
**Emergency Medical Release Form**  
**READ BEFORE SIGNING**

The parent/guardian of the below named child does hereby give approval for participation in the North Hall Junior Football Association, Inc. (NHJFA) football program for the current season. I/We assume all risks and hazards to this participation for any claims arising out of injury to the below named child including, but not limited to, transportation from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, NHJFA (North Hall Junior Football Association, Inc.), the league, local team, organizers, coaches, supervisors, participants, and any organization this youth football program may be affiliated with.

In providing the information and signature requested below I/We acknowledge the I/We understand that our personal medical/dental insurance will be the carrier and that no insurance is offered through this program. No monies I/We have paid to the team constitute payment for any insurance coverage.

I/We agree that all information provided is correct and I/We hereby authorize the North Hall Junior Football Association, Inc., coaching staff, or a member of the NHJFA board to obtain emergency medical treatment for the child named below. I/We understand that the treatment will be administered at the Northeast Georgia Medical Center in Gainesville, GA or the nearest appropriate medical facility. Furthermore, I/We accept responsibility for the payment for all treatment provided.

In the event of an emergency:

- 911 will be called immediately
- Parent/Guardian will be contacted
- Based on the professional decision of the EMT unit, the participant may be transported to the nearest medical facility for immediate care. If medical transportation is required, the parent/guardian and/or their insurance company will be responsible for any charges incurred. Injured participants will not be transported in a personal vehicle by anyone other than the parent or guardian.

Player's Name: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell or Other Phone: \_\_\_\_\_

(Continued on other side)

**Emergency Contact (other than parent/guardian):**

(Every effort will be made to contact the parent or guardian first)

Name: \_\_\_\_\_ / Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Physician / Medical Information:**

Current Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

List Known Allergies: \_\_\_\_\_

Pre-Existing Conditions: \_\_\_\_\_

List Any Medications Being Taken: \_\_\_\_\_

**Insurance Information:**

Name of Insurance Carrier: \_\_\_\_\_

Policy / Identification Number: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*This form must be completed and on file before any player may participate in the North Hall Junior Football Association, Inc. program.\*\***

Return completed form to:

North Hall Junior Football Association, Inc.  
Attn: Registration  
P.O. Box 907931  
Gainesville, GA 30501