

Department of Parks and Recreation
Hillsborough County, Florida

YOUTH SPORTS PARTICIPATION
MEDICAL RELEASE FORM

Parents - Please read carefully and sign EITHER Part I or Part II (not both)

Part I

The undersigned, as parent or legal guardian of (print name of child) _____
Hereby consents to the following in the event (print name of child) _____
is injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of child) _____
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 child) _____ including but not limited to anesthesia and emergency
surgical treatments as deemed necessary by a qualified physician at the medical facility.

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

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

Parent or Guardian Name (please print) _____ Parent or Guardian Signature _____

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)
The foregoing instrument was acknowledged before
me on this, the _____ day of _____, 20__ by
_____ who is personally known to
me or who has produced _____ as
identification and who (did) or (did not) take the Oath.

Print Name Notary Public

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

Part II

The undersigned, as parent or legal guardian of (print name of child) _____
I **do not** desire to sign the medical and release form above.

Parent or Guardian Name (please print) _____ Parent or Guardian Signature _____