South Lyon Panthers
Emergency Treatment Information

Child's Name:_____
Last First Middle

Address:_____ City, State, Zip_____

Home Phone:_____ Cell Phone:_____

Emergency Contact:_____ Phone:_____

Waiver of Liability:
The undersigned, being the legal parent or guardian, accepts full responsibility for injurious consequences associated with my child's participation in South Lyon Panthers, Inc. (hereafter Panthers) program. The undersigned hereby voluntarily waives any and all claims against the Panthers, its officers, Board of Directors, all parties acting on behalf of the Panthers and the Livingston County Junior Football Association in all matters leading to injurious consequences (including but not limited to personal injury or death for my child or members of the family) which are the result of participation in the Panther program.

Parent/Guardian Signature:_____ Date:_____

Emergency Medical Treatment:
In the event of injury to my child during regular practice sessions or games, I authorize the Panthers to administer emergency medical treatment. In the event that further and more extensive medical treatment is deemed necessary and I cannot be reached within 15 minutes, I authorize the Panthers to take the necessary action required to provide further medical treatment.

Parent/Guardian Signature:_____ Date:_____

To Whom It May Concern:
The undersigned, being the legal parent or guardian, authorize medical treatment of my child at any medical treatment facility deemed necessary by the staff of the South Lyon Panthers, Inc., in the event of my child's injury and under circumstances in which I cannot be reached in 15 minutes, I authorize the selected medical treatment facility to take whatever medical course is deemed necessary.

My Child is covered by:_____ medical insurance,

Contract & Group # _____

Parent's Signature:_____ Date:_____

Child's Name: _____ Phone #: _____

Address: _____ City, State Zip:_____