D&JC YFL, INC. LEAGUE CONSENT FORM

Team	
Child's Name	
Address	
City/State/Zip	
Team, hereby give my/our approval to his during the current season. I/We do hereb hold harmless the D&JC YFL, Inc., its Of and their Coaches and Participants, their and all persons involved in transporting n amount covered by Accident or Liability I/We agree to return at the end of the s	season, the uniform(s) and any other equipment ool/Sponsor, in as good a condition as when we
PARENT AND LEGAL GUARDIAN MU	UST SIGN
Parent/Legal Guardian	Date
CONSENT FOR MEDICAL TREATME	NT
physician and/or other trained medical permedical care as deemed appropriate to prelease, hold harmless, and indemnify the individual Clubs/Schools and their Coach Sponsors and Supervisors from any injury	y or damage related to administration of rein. This consent for Medical Treatment is in
PARENT AND/OR LEGAL GUARDIAN	MUST SIGN
Parent/Legal Guardian	Date