

# FORT BEND CHARGER (FBC) FOOTBALL

## 2017-2018 INDEMNIFICATION AND MEDICAL AUTHORIZATION

Name of Player(s): \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

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

Phone Numbers Home: \_\_\_\_\_ Dad: \_\_\_\_\_

Player: \_\_\_\_\_ Mom: \_\_\_\_\_

Email: \_\_\_\_\_

Player DOB: \_\_\_\_\_ Player's Age on 9-01-17: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Other Adult Emergency Contact (Name / Relationship): \_\_\_\_\_

Other Emergency Contact Phone Number: \_\_\_\_\_

Medical insurance carrier on all player(s) listed above: \_\_\_\_\_

Medical Insurance Provider Phone Number: \_\_\_\_\_

Medical Insurance Policy Number and /or Group Number: \_\_\_\_\_

IN CONSIDERATION OF OUR CHILD'S PARTICIPATION IN FORT BEND CHARGERS (FBC) FOOTBALL PROGRAM (IN-SEASON AND OFF-SEASON); WE, THE PARENTS OF THE ABOVE NAMED CHILD(CHILDREN) DUE HEREBY RELEASE, ABSOLVE AND HOLD HARMLESS THE DIRECTORS, COACHES, MEDICAL ATTENDANTS, AND ADULT LEADERS OF THE FORT BEND CHARGERS FROM ANY AND ALL LIABILITY FOR ALL LOSSES, DAMAGE, OR INJURIES OCCURRING AS A RESULT OF OUR CHILD'S PARTICIPATION IN THE ORGANIZATION'S ACTIVITIES; INCLUDING TRAVEL TO AND FROM GAMES AND TOURNAMENTS WITHIN THE GREATER HOUSTON AREA AND TO OTHER CITIES AS REQUIRED. WE FURTHER AGREE TO MAKE OR CAUSE TO BE MADE, BY ASSIGNMENT OF THIRD PARTY BENEFITS OR OTHERWISE, FULL AND COMPLETE PAYMENT FOR EXAMINATION, TREATMENT, OR HOSPITAL CARE REQUIRED IN THE CASE OF A MEDICAL EMERGENCY.

*Job 36:32: He covers His hands with lightning, and commands it to strike.*

WE UNDERSTAND THAT REASONABLE PRECAUTIONS WILL BE TAKEN TO MAKE THE PROGRAM SAFE AND BENEFICIAL FOR ALL CHILDREN, BUT THAT RISK OF INJURY CANNOT BE ELIMINATED ENTIRELY, AND THAT THIS RELEASE IS NECESSARY FOR OUR CHILDREN TO PARTICIPATE IN THE FORT BEND CHARGERS PROGRAM.

FURTHERMORE, WE HERBY AUTHORIZE IN THE EVENT OF INJURY TO OUR CHILD (CHILDREN) ANY DIRECTOR, COACH, MEDICAL ATTENDANT, OR ADULT LEADER OF THE FORT BEND CHARGERS ORGANIZATION TO CONSENT TO EMERGENCY MEDICAL TREATMENT FOR OUR CHILD (CHILDREN) WHEN WE CANNOT BE CONTACTED TO GIVE CONSENT. SUCH MEDICAL TREATMENT MAY INCLUDE, WITHOUT LIMITATION, X-RAY EXAMINATION, ANESTHETIC, MEDICAL, SURGICAL EXAMINATION OR TREATMENT, AND GENERAL HOSPITAL CARE. NO PRIOR DETERMINATION OF LIFE THREATENING EMERGENCY OR DANGER OF SERIOUS OR PERMANENT INJURY RESULTING FROM DELAY OF TREATMENT NEED BE MADE UNDER THIS AUTHORIZATION. EXCEPT AS NOTED BELOW, THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS TREATMENT OR HOSPITAL CARE BEING REQUIRED, AND IS GIVEN TO PROVIDE AUTHORITY AND POWER ON THE PART OF A DIRECTOR OR COACH OF THE FORT BEND CHARGERS ORGANIZATION; TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH EXAMINATION, TREATMENT, OR HOSPITAL CARE.

EXCEPT AS INDICATED BELOW, WE SPECIFICALLY GIVE OUR CONSENT FOR FIRST AID TREATMENT WITH BANDAGE AND ANTIBIOTIC OINTMENT (NEOSPORIN, NEOMYCIN, MYCITRACIN, BACITRACIN AND/OR POLYMYCIN), HYDROGEN PEROXIDE, VASELINE.

WE HERBY VERIFY THAT WE UNDERSTAND AND ACCEPT THE TERMS OF THIS INDEMNIFICATION AND MEDICAL AUTHORIZATION AND AUTHORIZE THIS DOCUMENT TO BE KEPT ON FILE FOR ONGOING PARTICIPATION IN THE IN FORT BEND CHARGERS ORGANIZATION.

Exceptions to the Medical Treatment Authorization should be noted on the back of this form:

**Parent or Guardian's Signature**

**Date:**

\_\_\_\_\_