

FALL OF 2024 4TH -6TH GRADE YOUTH FOOTBALL PERMISSION FORM

Name: _____ Grade: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

**Please list and explain any health issues that coaches should be aware of.
*Inhalers need to be at all practice/games with player***

Cost for League is \$45 (make checks payable to Lester Prairie Community Education).

Waiver Clause: Parent/Guardian must read, sign, and date.

I hereby acknowledge that my child is medically fit to participate in 4th, 5th, and 6th grade football league. I authorize the coaches to secure any medical treatment deemed necessary and waive and release the coaches from any liability for any injuries.

Date: _____

Parent/Guardian signature: _____