



## Coeur d'Alene Tribal Wellness Center CMAFL Participation Waiver and Medical Consent Form June 2017- June 2018

Child's Name: \_\_\_\_\_

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

Mailing Address (If different than home): \_\_\_\_\_

City/Zip: \_\_\_\_\_ Home phone # \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ **Sport: Football**

Parents Email Address: \_\_\_\_\_

**Will your child be attending the CMAFL Football Camp (Free for CMAFL players) (Aug. 11-12<sup>th</sup>)** YES NO

**Select Division:** Division I (3<sup>rd</sup> & 4<sup>th</sup> grade – 10yrs or under)      Division II (5<sup>th</sup> & 6<sup>th</sup> grade – 12 yrs or under)

**Team/Community playing on:** \_\_\_\_\_

**All sizes in Youth:** Jersey size \_\_\_\_\_ Pants size: \_\_\_\_\_ Helmet size \_\_\_\_\_

Telephone numbers where emergency contacts can be reached. Please list Work, Home and Cell:

Parent/Guardian	Phone Numbers (Best Number to Contact 1st)	Relationship
Emergency Contact & Permission to Pick-up Your Child	Phone Numbers	Relationship

**ADDITIONAL INFORMATION NEEDED**

Allergies (*drug or food*) \_\_\_\_\_

Present Medication \_\_\_\_\_

Any Current Health Problem (ex. Asthma, Diabetes)  
\_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT

We, the undersigned, having legal custody of \_\_\_\_\_, minor, do hereby authorize any x-ray examination, anesthesia, medical or surgical diagnosis or treatment diagnosis or treatment and hospital service that may be rendered to the minor under general or special instructions of the family physician, \_\_\_\_\_, M.D. whether such diagnosis and/or treatment is rendered at the office of said diagnosis and/or treatment is rendered at the office of said physician or at a hospital. In the event there is no family physician we authorize representatives of the Chief Morris Antelope Football League & Coeur D'Alene Tribal Wellness Center to secure appropriate medical attention at the nearest medical facility. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and said physician to exercise his or her best judgment as to requirements of such diagnosis or treatment.

This shall remain in effect until June 2018, unless sooner revoked in writing by the undersigned. Nothing in this authorization shall be construed to in any way limit the sovereign immunity of the Coeur d'Alene Tribe.

## WAIVER

I understand that the Coeur d'Alene Tribal Wellness Center & Chief Morris Antelope Football League assumes no responsibility for injuries or illnesses which my child may sustain as a result of their physical condition or resulting from their participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Coeur d'Alene Tribal Wellness Center, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I or my heir may suffer as a result of my/their participation in these activities. I understand that the Coeur d'Alene Tribal Wellness Center is not responsible for personal property lost or stolen while members and/or program participants are using Coeur d'Alene Tribal Wellness Center. I give my permission to the Coeur d'Alene Tribal Wellness Center to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting Coeur d'Alene Tribal Wellness Center programs. Nothing in this waiver shall be construed to in any way limit the sovereign immunity of the Coeur d'Alene Tribe.

I acknowledge the WAIVER set forth above.

---

(Legal Parent/Guardian)

---

Date