

South Carolina Youth Shooting Foundation
PO Box 11802
Rock Hill, SC 29731



2012 Parent / Legal Guardian Release & Medical Consent Form

Team Name: _____

Participants Name: _____

Parent/Legal Guardian Name: _____

Phone: (Home) _____ **(Cell)** _____

EMERGENCY MEDICAL INFORMATION

Regular Medication Required: _____

Types of activities prohibited due to physical limitations: _____

List any chronic ailments: _____

Allergies: (insect, food, drug etc.) _____

Immunizations: Mumps: yeas / no Measles: yes / no Tetanus yes / no

Any additional information coaches should be aware of in case of emergency:

Emergency Contact: (name) _____

(address) _____ (phone) _____

I hereby give permission to any SCYSF Board Member or Head Coach of my son / daughters team to seek emergency medical attention in the vent of accident or illness and release the South Carolina Youth Shooting Foundation from Liability for accidents and / or illness. This certifies that my child has no chronic ailments, and is physically able to participate in all activities involved with the SCYSF Shooting Program. I also give permission to any official SC-DNR representative to seek emergency medical attention in the vent of accident or illness.

Parent / Legal Guardian Signature

Date

As a parent or guardian **I WILL PERMIT SCYSF** Coaches to contact my son / daughter participant directly in order to give them additional information concerning SCYSF activities such as practice or event information

As a parent or guardian **I DO NOT PERMIT SCYSF** Coaches to contact my son / daughter participant directly in order to give them additional information concerning SCYSF activities such as practice or event information.