

*Department of Parks and Recreation  
Hillsborough County, Florida*

**YOUTH SPORTS PARTICIPATION  
MEDICAL RELEASE FORM**

*Parents —please read carefully and sign either Part I or Part II.*

**Part I**

The undersigned, as parent or legal guardian of (print name of child) \_\_\_\_\_ hereby consent to the following in the event (print name of child) \_\_\_\_\_ is injured during his or her participation in youth sports.

Agents or officials of the youth organization in which (print name of child) \_\_\_\_\_ participates may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time, medical treatment may be given to (print name of child) \_\_\_\_\_ including but not limited to anesthesia and emergency surgical treatments as deemed necessary by a qualified physician at the medical facility.

**No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent or Guardian Name (please print) \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

{Notary Seal}

The foregoing instrument was acknowledged before me on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by ( ) who is personally known to me or ( ) who has produced AS identification and who (did) or (did not) take an oath.

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**DO NOT SIGN BELOW IF YOU HAVE SIGNED PART I**

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**PART H**

The undersigned, as parent or legal guardian of (print name of child) \_\_\_\_\_ I do not desire to sign the medical release form above.

Parent or Guardian Name (please print) \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

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PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate.