

CENTRAL TEXAS YOUTH FOOTBALL LEAGUE (CTYFL)

2025 MEDICAL RELEASE & LIABILITY WAIVER

This form must be completed and signed prior to participation in any CTYFL activity, including games, practices, or team events. This Medical Release is accepted **in lieu of a physician-provided physical.**

Medical Release, Assumption of Risk & Indemnification By signing this form, I, the parent or legal guardian of the named athlete, hereby:

1. **Acknowledge and accept all risks** associated with my child's participation in youth football or cheerleading, including but not limited to injury, illness, concussion, dehydration, and other physical or mental health risks inherent in athletic activities.
2. **Affirm that my child is in good physical health**, has no known medical or physical conditions preventing safe participation, and I do not require a physician's physical to support this claim.
3. **Understand and agree that this release is being submitted in lieu of a physical**, and I assume full responsibility for the decision to allow my child to participate without a medical examination.
4. **Indemnify and hold harmless** the Central Texas Youth Football League (CTYFL), its officers, board members, representatives, coaches, volunteers, and member Associations from any and all claims, liability, damages, or expenses that may arise from participation in any CTYFL-related activity, including emergency medical care rendered in good faith.
5. **Authorize any CTYFL staff or volunteer** to seek emergency medical treatment for my child should I not be present or reachable, understanding that any costs incurred are my sole responsibility.
6. **Acknowledge that supplemental accident insurance** may be available through my child's Association. I understand that this coverage must be arranged and requested through the **President of our home Association.**

Player/Parent Info

Player Name (Printed):

Date of Birth:

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Parent/Guardian Signature:

Date:

Printed Name: _____