

Sturgeon Bay Youth Athletic Club

Medical Treatment Consent Form

With full knowledge of the risks of injury, I hereby authorize the following persons to administer emergency medical treatment to my child, the "Registrant," for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: all coaches and managers of my child's team; all officers and officials of the Sturgeon Bay Youth Athletic Club, Inc. (SBYAC) to which my child's team belongs; and all directors, officers, sponsors, officials, or agents of any league or tournament that my child may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child.

My child and I hereby release, hold harmless and indemnify the above listed persons for any injury or damage related to administration or emergency medical care as authorized herein. This consent for medical treatment is in effect from the date of registration and will be in effect for the entirety of the sport's season, and shall be interpreted under Wisconsin law.

By indicating, "Yes" through our online registration, I am acknowledging that I have read and fully understand the above statements.