

Sample Informed Consent Form:

I hereby give my permission for \_\_\_\_\_ to participate in Ultimate Frisbee during the athletic season during the time period \_\_\_\_\_. Further, I authorize the team/school to provide emergency and first-aid treatment of any injury or illness my child may experience if first-aid trained and/or qualified medical personnel consider treatment necessary and perform the treatment. If I am not a minor, authorization of emergency medical services is granted if I am incapacitated and cannot give informed consent. If I am a minor, authorization for emergency medical services is granted only if my legal guardian cannot be reached and a reasonable effort has been made to do so.

Date \_\_\_\_\_  
Legal guardian/Emergency contact name and relationship \_\_\_\_\_  
Legal guardian/Emergency contact cell phone \_\_\_\_\_  
Legal guardian/Emergency contact home phone \_\_\_\_\_  
Legal guardian/Emergency contact work phone \_\_\_\_\_  
Physician name and phone number \_\_\_\_\_  
Medical conditions \_\_\_\_\_

I am aware that I or my child \_\_\_\_\_ is participating in Ultimate Frisbee and that it is a potentially hazardous activity. We assume all risks associated with participation in this sport, including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to myself or my child are known and appreciated by me (and my child).

Athlete's signature \_\_\_\_\_ Date \_\_\_\_\_

Legal guardian's signature (required if athlete is a minor) \_\_\_\_\_  
Date \_\_\_\_\_