CCYFL AFFILIATED COMPETITIONS
Medical Release Form
2025 SEASON

CCYFL affiliated organizations are as follows: Batavia- Bethel- Blanchester- CHCA- CNE- Deer Park-Fayetteville-Finneytown- Goshen- New Richmond- North Adams- Norwood-West Clermont- Western Brown- Williamsburg

Team Name/Age Level: _____Head Coach: _____

I, the undersigned parent/legal guardian, do hereby grant my permission for my son/daughter to participate in any of the affiliated CCYFL organizations competitions listed above. In the event that my son/daughter may receive the necessary medical treatment in the event to any injury or illness, I hereby authorize the personnel of the competition to obtain medical treatment for my son/daughter for such an injury or illness during this competition and hereby hold the personnel/representatives harmless in the exercise of this authority. I also understand the decision of the judges during the competition is left to their discretion and will not further question such judges.

PARTICIPANT NAME	DATE OF BIRTH	GUARDIAN SIGNATURE	DATE SIGNED	EMERGENCY PHONE NUMBER

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COACHES SIGNATURE _____

DATE _____