

HENDERSON GRIDIRON QUEENS LLC

YOUTH SPORTS TEAM CONSENT & WAIVER FORM

Participant Information

Name: _____

Date of Birth: ____/____/____

Address: _____

City, State, ZIP: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

1. Medical Authorization

I, the undersigned parent/guardian, authorize the coaches, staff, and representatives of Henderson Gridiron Queens LLC to seek medical attention for my child in case of an emergency. I understand that all reasonable efforts will be made to contact me before taking any action.

2. Liability Waiver

I understand that participation in youth sports involves inherent risks of injury. I voluntarily assume all risks related to my child's participation and release Henderson Gridiron Queens LLC, its coaches, volunteers, and affiliated organizations from any liability for injuries, damages, or losses sustained during practices, games, or related activities.

3. Code of Conduct Agreement

I agree that my child will adhere to the team's rules, respect coaches and teammates, and demonstrate good sportsmanship at all times. Failure to follow these guidelines may result in disciplinary actions, including suspension from activities.

4. Photo/Video Release (Optional)

I grant permission for Henderson Gridiron Queens LLC to use photos or videos of my child for promotional purposes, including social media, team websites, and newsletters.

☐ Yes, I consent.

☐ No, I do not consent.

5. Parent/Guardian Acknowledgment

I have read and understand this consent/waiver form. By signing below, I acknowledge and accept the terms of my child's participation in Henderson Gridiron Queens LLC.

Parent/Guardian Signature: _____

Date: ____/____/____

* You can save as PDF,
fill out, and send back
to email:
hgqffl@gmail.com

*This league will be free to join, but girls will
be required to participate in fundraising
throughout season