

PYAA Registration Waivers 2025 (1/28/2025 jse)

MEDICAL AUTHORIZATION AGREEMENT

Purpose: To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of PYAA (sport) in the event the parents or guardian cannot be reached.

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of the participant recognize the potential hazardous nature of the sports played and that an injury may be sustained. These injuries may include, but are not limited to, personal injury or death. In the event of an injury to my child and we (I or my spouse or guardian) cannot be contacted, permission is given to a qualified and licensed physician and/or hospital to render such treatment as would be normal and agree to pay the usual charges for such treatment.

For all PYAA volunteers: This acknowledges that you, the undersigned, who may be participating or volunteering as a coach or any other role, recognize the potentially hazardous nature of the sports played and that an injury may be sustained. These injuries may include, but are not limited to, personal injury or death. In the event of an injury to myself, and my spouse or emergency contact can not be reached, permission is given to a qualified and licensed physician and/or hospital to render such treatment as would be normal and agree to pay the usual charges for such treatment.

We (I) release the PYAA, its employees, agents, volunteers and its assigns from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds me and/or my child's heirs, executors and administrators.