

FLORIDA CONFERENCE SPORTS COUNCIL  
SPORTING LEAGUES  
MINOR'S CONSENT FORM  
2018-2019

Please fill-in this form if your child is younger than 18 years old by April 17, 2018.

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: ..... **MALE**      **FEMALE**

Church: \_\_\_\_\_

Team: \_\_\_\_\_

Sport..... **BASKETBALL**      **SOCCER**

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

Physician Name & Number: \_\_\_\_\_

Last Tetanus shot: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medications currently receiving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical history (i.e., recent surgery, diabetic, chronic illness) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name of Father: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medical Insurance Number: \_\_\_\_\_

Physician Name & Number: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medical Insurance Number: \_\_\_\_\_

Physician Name & Number: \_\_\_\_\_

**Emergency Alternative Contact:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_


I agree that my child can take part in the specified sporting league and having read the information provided, I agree for them to take part in the activities described. I agree for them to attend practices and games both at home and away. \_\_\_\_\_

I agree that the Florida Conference may send you special offers, marketing and other information and communications from time to time by email or post. I may opt out of receiving these at any time. \_\_\_\_\_

I agree that photographic and video imagery of my child and/or my family may be used by the Florida Conference in printed promotional material and/or on the internet. \_\_\_\_\_

I agree that I my child will conduct themselves according to Church's standards. I understand that I take full responsibility for my child's actions. \_\_\_\_\_

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I further do hereby expressly release, discharge and hold harmless the Florida Conference, its employees, agents, sponsors, and volunteers assisting in these activities, from any and all damages, claims, or liability of any kind, whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities or transporting my child to and from such activities. The Florida Conference will take all reasonable care to provide a safe environment but cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of any of the sporting activities. I confirm that my child is in good health and I consider him/her fit to participate. \_\_\_\_\_ 

I, \_\_\_\_\_, (parent/guardian) give the following emergency medical treatment consent for the above named child. Effective from date of \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_ Emergency Surgery

\_\_\_\_ First Aid (One of the types of treatment must be marked)

\_\_\_\_ Both of the above

\_\_\_\_ None of the above

Signature of Parent/Guardian \_\_\_\_\_

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification.

(Notarial Seal)

\_\_\_\_\_  
Notary Public, State of Florida

**INITIAL BOXES  
ALL CONSENTS MUST BE NOTARIZED**

*Please sign and return to:*

*FL Conference Youth and Young Adult Department, 351 S. State Rd 434, Altamonte Springs  
32714 Phone (407) 644-5000 ~ Fax (407) 618-0279 ~ Email [y.ya.acm@floridaconference.com](mailto:y.ya.acm@floridaconference.com)*



**Florida Conference Youth & Young Adult Ministries**

