

Department of Parks, Recreation and Conservation  
Hillsborough County, Florida

YOUTH SPORTS PARTICIPATION  
MEDICAL RELEASE FORM

**Parents- Please read carefully and sign either Part I or Part II.**

PART I

The undersigned, as parent or legal guardian of (print name of child) \_\_\_\_\_  
hereby consents to the following in the event (print name of child) \_\_\_\_\_ is  
injured during his or her participation in youth sports:

Agents or officials of the youth organization in which (print name of child) \_\_\_\_\_  
participates may administer first aid or arrange for transportation to a medical facility if the agent or official  
deems there to be an emergency. At that time, medical treatment may be given to (print name of child)  
\_\_\_\_\_ including but not limited to anesthesia and emergency surgical  
treatments as deemed necessary by a qualified physician at the medical facility.

**No action shall be taken until an attempt is made to contact me at the phone number(s) listed below.**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent or Guardian  
Name (please print) \_\_\_\_\_

Parent or Guardian  
Signature \_\_\_\_\_

STATE OF FLORIDA            )  
  )  
COUNTY OF HILLSBOROUGH    )

The foregoing instrument was acknowledged before  
me on this \_\_\_\_\_ day of \_\_\_\_\_, 2008, by  
\_\_\_\_\_ who is personally  
known to me or who has produced \_\_\_\_\_ as  
identification and who (did) or (did not) take an oath.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public

PART II

The undersigned, as parent or legal guardian of (print name of child) \_\_\_\_\_,  
I do not desire to sign the medical and release form above.

Parent or Guardian  
Name (please print) \_\_\_\_\_

Parent or Guardian  
Signature \_\_\_\_\_

**PLEASE NOTE: If Part I is not signed, the child will not be allowed to participate.**