



**Arlington Blue Devils Sports Association**

P. O. Box 180056

Arlington, Texas 76096

817-621-5054

<http://www.arlingtonbluedevils.org/>

**Medical Release Authorization Form**

I acknowledge that participation in football and/or cheerleading may result in injury to my child. Although, precaution is taken to prevent most injuries from happening, it does not prevent all injuries. I release the Arlington Blue Devils Sports Association (ABDSA) and any affiliates from any and all accidental injuries to my child.

In case of an emergency, if my family doctor cannot be reached, I authorize the ABDSA to use their best judgment on my behalf for the treatment of my child.

Player/Cheerleader's Name:

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Parent/Guardian's Name:

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Family Physician's Name:

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Physician's Phone #:

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Emergency Contact Person:

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Emergency Contact's Phone #:

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Medical Insurance Carrier:

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Insurance Card #:

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Parent/Guardian on Insurance:

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E-mail Address:

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Parent/Guardian Signature:

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Date:

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