**AFFIDAVIT**

STATE OF FLORIDA )

) SS:

COUNTY OF BROWARD )

BEFORE ME ON THIS DAY, THE UNDERSIGNED AUTHORITY, PERONALLY APPEARED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHO FIRST SWORN DESPOSES AND SAYS:

(Print Parent/Guardian Name)

1. I AM THE NATURAL PARENT (OR LEGAL GUARDIAN) OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Player Name)

WHICH CHILD IS IN MY CUSTODY UNDER THE AGE OF 18 YEARS OLD.

2. SAID CHILD, WITH MY CONSENT IS PARTICIPATING AS A FOOTBALL/CHEERLEADER IN THE CORAL SPRINGS TACKLE FOOTBALL PROGRAM SPONSORED BY THE CORAL SPRINGS TACKLE FOOTBALL CLUB.

3. IT IS MY UNDERSTANDING THAT SAID PARTICIPATION WILL INVOLVE TRAVEL TO OTHER MUNICIPALITIES DURING THE COURSE OF THE SEASON FOR REGULARLY SCHEDULED “AWAY” GAMES.

4. IN THE EVENT THAT I AM UNABLE TO PROVIDE REQUIRED TRANSPORTATION FOR MY CHILD FOR THE SCHEDULED “AWAY” FOOTBALL GAMES THAT I HEREBY AUTHORIZE THE CORAL SPRINGS TACKLE FOOTBALL CLUB TO PROVIDE TRANSPORTATION FOR THE SAID CHILD AND WAIVE ANY CLAIMS THAT MY CHILD AND/OR I MIGHT HAVE ON BEHALF OF MY CHILD FOR INJURIES RECEIVED WHILE BEING TRASNPORTED TO AND FROM SAID “AWAY” FOOTBALL GAMES.

5. I ALSO UNDERSTAND THAT MY CHILD MAY SUSTAIN PHYSICAL INJURY WHILE PARTICIPATING IN THE REFERENCED FOOTBALL/CHEERLEADING PROGRAM. IN THE EVENT THAT MY CHILD IS SO INJURED, I HEREBY REQUEST THAT SAID CHILD RECEIVES EMERGENCY MEDICAL TREATMENT AND THEREFORE AUTHORIZE THE CORAL SPRINGS TACKLE FOOTBALL CLUB’S ATTENDING PHYSICIAN (OR ANY INDIDIVUAL LICENSED BY THE STATE OF FLORIDA AS A MEDICAL DOCTOR AND/OR A MEMBER OF A COUNTY EMERGENCY MEDICAL SERVICE UNIT) AS WELL AS ANY HOSPITAL LOCATED IN THE STATE OF FLORIDA TO TREAT MY CHILD FOR INJURIES SUSTAINED WHILE PLAYING FOOTBALL OR CHEERLEADING.

6. THE CITY OF COREAL SPRINGS IS NOT RESPONSIBLE FOR ANY INJURIES WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN THE CORAL SPRINGS TACKLE FOOTBALL CLUB ACTIVITIES.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT SIGNATURE**

SWORN TO AND SUSCRIBED BEFORE ME AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY OF AND STATE OF FLORIDA, THIS \_\_\_\_\_\_ DAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_Personally known to me

\_\_\_\_\_\_\_\_\_\_Produced Identification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public, State of Florida My Commission Expires: