

PLAYER MEDICAL EMERGENCY

In the event of a need for emergency medical treatment (EMT) for a player (Player), I (we) grant permission for our (my) Player to be transported to obtain EMT; this is whether I (we) are in person or not.

I understand that the Grand Rapids Griffins Youth Foundation staff (GYF) will evaluate any injury and call upon all resources available to assist the Player as needed, based upon the situation presented by the Player and injury.

If it is determined by the GYF (based upon experience and common practice of the GYF) that a need for EMT exists, I (we) authorize such EMT treatment for the injured Player. I (we) understand that I (we) will be responsible for the cost of transportation and for any and all costs associated with the EMT despite whatever decision made by the GYF.

SIGNATORS

PARENT/GUARDAN:

DATED: _____

DATED: _____