

G.T.A.Y.L.
Participation/Consent Form
PLEASE PRINT CLEARLY

Name of athlete _____ School _____ Grade _____

Athletes Signature _____ Date _____ Gender ____ Age ____ Shirt Size ____

I, the undersigned parent/guardian of the child named above, hereby give my consent for such child to participate in the sports programs indicated, which are being offered by the Grand Traverse Area Youth Athletic League (G.T.A.Y.A.L.) for the current school year.

I hereby hold G.T.A.Y.A.L., its employees, and agents harmless for injuries sustained by such child as a result of participation in the sports programs. I agree to assume full financial responsibility for medical treatment necessary as a result of any such injury.

The undersigned does hereby grant to the individuals (name of the coach and one other supervising adult) listed below the responsibility for the care of the child.

Name of Coach

Name of Asst. Coach

Or, in the event neither of these is available, I grant the attending hospital emergency room physician and/or nurse the limited power of attorney to act for me and to give the required consent and authorizations for the delivery of medical care, diagnosis and treatment, including surgical intervention, if necessary, on behalf of my minor child named above.

Parent/Guardian Signature: _____

Name of Parent/Guardian: _____ Phone# _____

Address: _____

Parent's Email: _____

Emergency contact person: _____ Phone # _____

Known Allergies/Significant Medical History: _____

Fee: \$25.00
Make Checks Payable to TCCS Elementary Athletics.
All fees are non-refundable.

The Participation/Consent Form and Payment must be turned in to your Coach before the athlete can practice. By signing this Participation Form, the student and parent/guardian agree to follow all school and G.T.A.Y.A.L. participation rules and guidelines.