Nevada Youth Shooting Sports Association

NYSSA Program
Medical Consent Form

Team Name (required): _____

In the event that the Athlete may require emergency medical care, or in the event Athlete may become ill, while participating in the Nevada Youth Shooting Sports (NYSSA) Program, Athlete (and Athlete's parent/ legal guardian if Athlete is a minor) hereby gives advanced consent to the NYSSA including their respective volunteers, to provide, through a medical staff of their choice, necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete's parent/legal guardian if Athlete is a minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless the NYSSA, its member clubs, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connected with such medical care and treatment.

Athlete - _____
Print Name

Athlete _____ _____
Signature Date

Parent/Legal Guardian - _____
Print Name

Parent/Legal Guardian _____ _____
Signature Date

Special information you would like to make us aware of (medical/physical limitations, etc.)

_____

_____

_____

_____

Does your child wear corrective eyewear? Yes☐ No☐ Eyeglasses☐ Contact Lenses☐

In the event of any emergency, please contact the following individual:

Name: _____ **Relationship To Athlete:** _____
(Please PRINT)

Address: _____

Telephone: (Home) _____ **(Work)** _____ **(Cell)** _____

Email: _____