

**LIMITED POWER OF ATTORNEY**

I, \_\_\_\_\_, during the period \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_, (not to exceed one year) do hereby appoint a representative of the Cattaraugus County Midget Football League, as chosen by the head coach (or assistant), my attorney-in-fact, to act in my absence and after a reasonable effort to locate me, in my name, place and stead in any way which I myself could do, if I were personally present, with respect to emergency medial treatment concerning my \_\_\_\_\_(relationship) \_\_\_\_\_(child's full name).

To include any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this document may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by and such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this document.

IN WITNESS WHEREOF I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Parent Signature

STATE OF NEW YORK     )  
COUNTY OF                ) ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before me personally appeared to me known and known to me to be the person described in and who executed the foregoing power of attorney and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public

## Cattaraugus County Football League

Team Name: Allegany – Limestone Youth Football

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H): \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

Designated Guardian: \_\_\_\_\_ Phone (Secondary/Cell): \_\_\_\_\_

Address: \_\_\_\_\_ email address: \_\_\_\_\_

Mothers SSN: \_\_\_\_\_ Fathers SSN: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Group Name and ID Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Past Health Problems : \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned, give permission for my son/daughter to participate in the Cattaraugus County Midget Football League, Inc. Program and do hereby affirm that he/she has no physical limitation that would preclude participation in tackle Football and cheerleading. I understand that, even with safety precautions, accidents happen. I hereby relieve all of the coaches and officials of the Cattaraugus County Midget Football League, Inc. from responsibility for accidental injury and waive my rights to legal prosecution for any such injuries. I acknowledge that my family insurance plan will be used before any benefits will be available from the League Insurance Plan.

I hereby grant permission to the Cattaraugus County Midget Football League, Inc. coaching staff or their designees to obtain any Emergency Medical treatment for my son/daughter as may be required. A representative of the CATTARAUGUS COUNTY MIDGET FOOTBALL LEAGUE, INC. will make reasonable attempts to contact the designated guardian at the listed telephone numbers prior to utilizing the limited power of attorney on the reverse side of this form.

IN WITNESS WHEREOF I have hereunto signed my name this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent Signature

STATE OF NEW YORK            )  
COUNTY OF                    ) ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared to me known and known to me to be the person described in and who executed the foregoing power of attorney and (s)he duly acknowledged to me that (s)he executed the same.

\_\_\_\_\_  
Notary Public