



Contact Football Permission Form

Parental Permission Waiver

I hereby authorize the staff of The Premiere Intermediate Football League LLC (PIFL), it's directors, agents, doctors, nurses, athletic trainers, and hospital to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release PIFL, it's employees, sponsors, suppliers, and facilities from any and all liability incurred by sickness or accidental injury or death sustained while participating PIFL activities. I know of no mental or physical problems that might adversely affect child's ability to participate in PIFL Elite program. I hereby grant PIFL permission to use any photographs or video of my child for promotional purposes. I further understand PIFL reserves the right to substitute a pro player if they are not able to attend practices for any unforeseen reasons.

Participants name _____

Parent / Guardian Signature _____ Date _____

*Special Notes Allergies * _____

In case of an Emergency while child is at camp

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

YOU CANNOT BE ADMITTED TO PRACTICE WITHOUT THIS FORM

Mail to: PIFL , 673 Potomac Station Drive #638, Leesburg, VA 20176