



Nebraska Youth Athletic Association PARENTAL PERMISSION FORM

I/we the parent(s) or Guardian(s) for _____ (please print) do hereby give my/our approval to participate in any and all Nebraska Youth Athletic Association activities. Nebraska Youth Athletic Association is a NON-PROFIT SPORTS PROGRAM.

I/we know that participation in these activities may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Nebraska Youth Athletic Association, the organizers, sponsors, supervisors, and participants for any claim arising out of any injury to my/our child.

I/we grant permission to the Nebraska Youth Athletic Association, its coaches and or league officials to authorize and obtain medical care from any licensed physician, hospital or medical care clinic should my/our child become ill or injured while participating in Nebraska Youth Athletic Associations activities.

I/we authorize Nebraska Youth Athletic Association to photograph or video tape my child for use in its advertising and promotional activities.

I/we understand Nebraska Youth Athletic Association may request proof of my/our child's age and/or grade.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION.

Parent/Guardian Signature _____ Date _____

Players will not be allowed to participate without a parent's signature. NO EXCEPTIONS.

**Nebraska Youth Athletic Association ♦ PO Box 21991 ♦ Lincoln, NE 68542
402-421-1889 ♦ www.nyaasharks.com**