



SKY VIEW YOUTH FOOTBALL

Insurance Waiver and Acknowledgement

I, _____ do not have health insurance for my child, _____, who is enrolled in Sky View Youth Football. I will not hold Sky View Youth Football, the Wasatch Front Football League, and/or any of their staff responsible in case of injury while participation in the football program. I also accept responsibility for any medical expenses incurred because of any injury while participation in the football program.

Date

Printed Name

Signature of Parent or Legal Guardian