

# Powell Youth Tackle Football

## MEDICAL RELEASE

*Powell Recreation District does not provide health insurance or medical coverage to participants. Health insurance and medical coverage is the responsibility of the participants or parents/guardians of participants.*

Player: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ Home #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (M/F): \_\_\_\_\_

If you played in the Youth Tackle Football league last year please complete the following: (if first year, jersey purchase required)

Team Name: \_\_\_\_\_ Jersey #: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work #: \_\_\_\_\_

Parent (s)/Guardian Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

**If parent(s)/guardian cannot be reached in case of emergency, contact:**

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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**PARENT OR GUARDIAN AUTHORIZATION:**

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Group ID#: \_\_\_\_\_

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency of Dosage \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

Date:

**WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES  
A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL.**