

Mississippi Coastal Tribalhawks Football

Parental Waiver and Consent Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the football designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

(Name of Child) _____
(Date of Birth)

(Street Address) _____
(City) _____
(State)

Please list any physical limitation (allergies, hearing, sight, etc.) _____

(Parent's Signature) _____
(Date)

MISSISSIPPI COASTAL TRIBALHAWKS YOUTH FOOTBALL
1586 KNOLL COURT, BILOXI, MISSISSIPPI 39532

Phone: (228) 324-7877 ♦ Website: www.MCTRIBALHAWKS.com ♦ E-mail: tribalhawksfootball@gmail.com

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Medical Information and Release for Treatment

Child's Name: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Home Address: _____

Telephone #: _____ Work #: _____ Cell #: _____

Secondary Contact Source in Case of Emergency: Name _____

Telephone #: _____ Work #: _____ Cell #: _____

**** If my child needs medical treatment while participating at Oakland Soccer Camps, I give my Permission for treatment to be given immediately.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Insurance Information

Insurance Co.: _____ Member's Name: _____

Group #: _____ Policy #: _____

ID #: _____ Service Code: _____

Medical Information

1. If your child is presently taking any medication, please indicate what type and why: _____

2. Please list any drug sensitivities: _____

3. Please list any allergies: _____

4. Please list your child's medical problems and/or significant injuries that the medical staff/personnel should be made aware of: _____

5. Date of your child's last tetanus shot (if known): _____

Thank you for your cooperation in filling out this important emergency information MS Coastal Tribalhawks Football Organization.

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