STREET LEAGUE ENTERTAINMENT LLC | ON-1 FOOTBALL

Confidential Emergency Contact and Eligibility Record

DRAFT FOR CALIFORNIA ATTORNEY, INSURANCE CARRIER, AND (WHERE APPLICABLE) QUALIFIED MEDICAL REVIEW. NOT APPROVED FOR LIVE COMPETITION.

Confidential - restricted access

This document contains private personal information. Do not publish completed copies or attach them to a publicly accessible webpage. Collect using a secure process with restricted authorized access, defined retention, and a privacy notice. A medical professional should determine whether additional screening information is necessary.

Participant and emergency contact

Participant name: _____ Date of birth: _____

Event / date: _____

Emergency contact name: _____

Relationship: _____ Phone: _____

Secondary emergency contact (optional): _____

Secondary phone: _____

Eligibility and clearance tracking - league staff only

Division / format: _____

[ ] Eligibility verified [ ] Guardian consent verified (if applicable)

[ ] Required medical clearance received [ ] Not yet cleared

Clearance reviewed by authorized person: _____ Date: _____

Restrictions or accommodations: record only operationally necessary information through an approved confidential process; do not place diagnostic details on general registration lists.

Emergency planning acknowledgment

This form is NOT medical clearance, a medical history questionnaire, consent to all treatment, or a substitute for an event-specific emergency action plan. Qualified medical/legal review is required to establish the final emergency authorization and privacy language.

Acknowledgment / signatures

Completed by / role: _____ Date: _____

Participant or guardian confirmation: _____