

# Trans Valley Youth Football League - Medical Form

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Type: ☐ Cheer ☐ Football Level: ☐ Jr Novice ☐ Novice ☐ Jr Varsity ☐ Varsity

## Assumption of Risk and Consent for Treatment

I as evidenced below hereby grant permission for my child/ward to participate in any and all Trans-Valley Youth Football League and Member Teams, program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I understand that there is an inherent risk of injury with my participation and contact football, and that this injury may lead to permanent disability or death.

I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work : \_\_\_\_\_

## Medical Insurance Information

Indicate the status of your personal health insurance coverage. If covered, the information indicated below must be provided for all applicable.

Health/Accident Insurance Policy ☐ I am covered ☐ I am not covered

Health Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

## Physical Consent

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Previous Medical/Orthopedic Conditions:

☐ Athlete is cleared for all full contact physical activities (Football contact or Cheerleader stunting)

☐ Athlete is restricted from physical activities, reason and/or conditions for clearance (if any)

Doctors Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Stamp is required: