

READ BEFORE SIGNING

PARTICIPANT INFORMATION

Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City, State Zip Code

Home Phone: _____ Cell Phone: _____
Include area code Include area code

I, the parent or legal guardian, of the above-named participant, do hereby give my approval for my child / ward to participate in any and all American Youth Football, Inc. (AYF), American Youth Cheer, Regional / National Championships, my local AYF affiliation, athletic sports program, related events and activities, be they official or unofficial, and / or fundraising activities. I further hereby authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and / or any licensed physician to provide treatment, order injections, hospitalize, give anesthesia, or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

EMERGENCY MEDICAL INFORMATION

The following information will be used in the event that a parent / guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is Not Applicable write "None", N/A, or other appropriate comment otherwise NONE will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as CONFIDENTIAL. It will be the responsibility of the parent / legal guardian to notify the participant's coach and league / event officials if any information needs to be added, deleted, changed, or updated in any way. Please keep a copy of this document for your records.

Father's Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City, State Zip Code

Home Phone: _____ **Cell Phone:** _____
Include area code Include area code

Work Phone: _____
Include area code

Email Address: _____

Mother's Name: _____
First Name Middle Name Last Name

Address: _____
Street Address City, State Zip Code

Home Phone: _____ **Cell Phone:** _____
Include area code Include area code

Work Phone: _____
Include area code

Email Address: _____

PLEASE PRINT LEGIBLY

Visit our web site at <http://www.ProvidenceNorthEnd49ers.com>

MEDICAL INSURANCE INFORMATION

Name of Insurance Company: _____

ID / Policy Number: _____ Group Number: _____

FAMILY PHYSICIAN INFORMATION

Doctor's Name: _____

Doctor's Office Address: _____
Street Address City, State Zip Code

Doctor's Phone Number: _____ Alternate Phone Number: _____
Include area code Include area code

Please print any medical conditions (allergies, asthma, etc.) and medications being taken by the participant named above. (Please note if no information is given and the words "None" or "N/A" is not filled in then "None" will be assumed.)

Medical Condition(s): _____

Allergies: _____

Prescription(s) / Medication(s): _____

Please list any other information you may deem relevant, and helpful to Emergency Medical Personnel:

PREFERRED HOSPITALS

- 1. _____
- 2. _____

EMERGENCY CONTACTS (Must have at least two contacts)

Name: _____ Phone #: _____ Relationship: _____

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I HAVE READ, REVIEWED FOR ACCURACY, UNDERSTOOD, ACCEPTED AND AGREED TO ALL CONTENTS OF THIS MEDICAL CONSENT FORM. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name of Parent / Legal Guardian: _____

Parent / Legal Guardian Signature: _____

Date Signed: _____

PLEASE PRINT LEGIBLY