

# 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 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. In the event of routine emergency health examinations, diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by the Trans-Valley Youth Football League medical staff and or physicians associated with other community facilities as needed.

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

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

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:

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