

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

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: