

MEDICAL FORM Participant Name / Birth date:

Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation and contact tackle football, and that this injury may lead to permanent disability or death. In the event of routine of emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by the medical staff, physicians associated with other community facilities as needed.

Name of Parent / Guardian: _____

Date: _____

Signature of Parent / Guardian: _____

Date: _____

Signature of Player: _____ Date: _____

Emergency Contact #: (____) _____

Medical Insurance Information

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

_____ I am not covered by a health/accident insurance policy.

_____ I am covered by my own health/accident insurance policy.

_____ I am covered by my parent's health/accident insurance policy.

Health Insurance Company Name & Address: _____

Group #: _____ Policy #: _____

Physician Consent

Height: _____ Weight: _____ Blood Pressure: _____

Allergies: _____

Medication student-athlete is taking: _____

Previous Medical Conditions: _____

Previous Orthopedic Conditions: _____

_____ Student-athlete cleared for all full contact physical activities (full contact football)

_____ Student-athlete restricted from physical activities, reason and/or conditions for clearance (if any)

Conditions for clearance (if any): _____

Signature of Doctor: _____ Date: _____

(Doctor's stamp of approval also required)

Must be completed after June 1st but before the season starts August 10th, 2009.

Mail to:

West Boca Tackle Football

PO Box 971116

Boca Raton, Fl 33497