

SOUTHERN NEW ENGLAND YOUTH FOOTBALL CONFERENCE

PARENT/PHYSICIAN STATEMENT & MEDICAL RELEASE – 2009 SEASON

Player/Cheerleader Full Name: _____ Birth Date: _____

PARENT/GUARDIAN STATEMENT

To Whom It May Concern:

I grant permission for my child to receive emergency treatment whenever necessary while attending any function, with any team/squad of the Southern New England Youth Football Conference and/or its member town, the _____ Youth Football Program.

Please check all that apply and provide details to the Doctor and on a separate sheet for the coaching staff

1. Ever been Hospitalized Operated on?	<input type="checkbox"/>	2. Have known allergies?	<input type="checkbox"/>
3. Ever had Bone or Joint Problems, Fractures, or Weak Joints?	<input type="checkbox"/>	4. Ever had Blood Pressure or other Long Term or Recurring Illnesses?	<input type="checkbox"/>
5. Take any Medications regularly?	<input type="checkbox"/>	6. Ever had a Hernia, Rupture, or Head Injury?	<input type="checkbox"/>

Please print:

Parent/Guardian Name: _____ Emergency Contact Phone #'s: _____

Address: _____ City/Town/Zip: _____

Child's Physician: _____ Phone: _____

Medical Insurance (Name)/Policy # _____

PHYSICIAN'S STATEMENT

Height: _____ Weight: _____ Age: _____ Date Actual Examination Performed (REQUIRED) _____

This child is fit to participate in youth football/cheerleading activities. Remarks: _____

Date Signed _____ Signature of Physician (REQUIRED) _____

I am fully aware of the results of this physical examination and to the best of my knowledge the findings of the examining physician are correct.

Date Signed _____ Signature of Parent/Guardian (REQUIRED) _____

I am fully aware of the results of this physical examination and to the best of my knowledge the findings of the examining physician are correct.

Date Signed _____ Signature of League President/Head Coach (REQUIRED) _____

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