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 as evidenced below hereby grant permission for my child/ward to participate in any and all Trans-Valley Youth Football League and Member Teams, program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. 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.

I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

Parent/Guardian Name: _____ Signature: _____ Date: _____

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: _____

MD, DO, NP, or PA suggested

No Chiropractors and no Physical Therapist

Rev 12/23

Doctor's Stamp is required: