

DOCTORS NOTE AND CONSENT FORM - MUST BE DATED AFTER JAN 1ST, 2009

**DOCTORS NOTE & CONSENT FORM**

ASSOCIATION NAME:	
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NAME:		WEIGHT:	
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Physician: I hereby certify that I have examined the above named Athlete and found he/she is physically able to participate in:

FOOTBALL

This note is good for the 2008-2009 school year, unless voided by serious injury, accident or illness. If void, it will be the responsibility of the child's parent/guardian to get updated medical information from his or her physician before resuming participation in sports.

\_\_\_\_\_  
PHYSICIAN NAME (printed)

(Physician please print address or use office stamp here)

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

..... Association cut here to separate these forms - Doctors Note attach to back of contract - Consent Form given to head coach of child's team.....

**INFORMED CONSENT**

CHILD'S NAME

ORGANIZATION NAME

I REALIZE THAT THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS. Having read this statement and knowing the risks, I parent/guardian of the above name child do hereby give my approval of his/her participation in any and all of the activities supervised by the above named organization during the current season. I assume all risks and hazards incidental to the conduct of the activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

The following information will be used by your child's coach in the event that a parent/guardian is not available during a practice or a game. Please complete the following information and see your child's coach during the year if any information needs to be updated. Contact priority will be the *FIRST* emergency name, if unavailable, the *SECOND* emergency person will then be contacted.

Athletes Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_  
1<sup>ST</sup> Contact: \_\_\_\_\_ 1<sup>st</sup> Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_  
2<sup>ND</sup> Contact: \_\_\_\_\_ 1<sup>st</sup> Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_