

Palmyra Midget Football Association Registration – Medical Release Form

NOTE: No player will be permitted to practice until this form has been completed and signed by a parent/guardian.

PLEASE PRINT:

Player Name: _____
Last First Middle

Address: _____
City Zip

Date of Birth: _____ Age on 8/31/10: _____

Parent(s)/Guardian Info:

Father: _____
Name Address

Father Home Phone: _____ Father Cell Phone: _____ EMAIL: _____

Mother: _____
Name Address

Mother Home Phone: _____ Mother Cell Phone: _____ EMAIL: _____

Participant lives with: (circle one) Mother Father Both Other (explain): _____

Emergency contact other than parent (only if parent cannot be reached):

Name: _____ Phone: _____ Relationship: _____

Medical:

Child's Physician's Name: _____ Phone: _____

Complete all lines below even if 'None'

Allergies (to medication, food, etc): _____

Serious Illnesses: _____

Current Medication(s): _____

Other Health Related Problems: _____

Date of Last Tetanus Shot: _____

Health Insurance: _____

Subscriber's Name: _____ Employer's Name: _____

Parental Consent For Medical Treatment

I consent for a qualified physician to perform any medical treatment he deems advisable to the welfare of this applicant while he/she is participating in PMFA supervised events.

Parent or Guardian Signature: _____ Date: _____

Relationship to Participant: _____

FOR PMFA TO COMPLETE: Player is: **RETURNING** **NEW** Birth Cert. Needed? _____ Received? _____

Fee Paid: \$ _____ Cash or Check # _____ **SINGLE PLAYER** **FAMILY**