

NORTH SUBURBAN YOUTH FOOTBALL LEAGUE, INC.

PHYSICAL EXAM STATEMENT OR RELEASE AND CONSENT TO TREAT MINOR PLAYER

Name of player: _____ Date of Birth: _____

I/We, the custodial parent(s) of the above named player,

_____ Verify that he has taken a physical examination by a licensed physician within six (6) months of this date.

_____ He has not taken a physical examination within six (6) months of this date, but we voluntarily waive this league requirement and consent that he may work out with this team without having taken an exam.

I/We, the custodial parent(s) of: _____ realize that football is a contact sport. We realize an injury, accident or even death may occur.

_____ Grade _____ Height _____ Weight _____
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AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR CHILD

I/We, hereby give authorization to any of the following people:

To consent to unexpected or emergency medical and dental treatment and surgical care for my/our child on my/our behalf, and to consent to hospitalization if, at time of injury or illness, it is recommended by a private physician or consulting physician of their choice.

_____ Medical Insurance _____ Insurance ID # _____ Private Physician _____

_____ Dentist _____ Allergies _____ Current Medications _____

Incase of Emergency, contact: _____ Name _____ Phone _____

Please Print: _____ Mother _____ Father _____

_____ Address _____ Phone _____

Sign below:

_____ Player _____ Mother _____ Father _____ Date _____