

Holmen Youth Tackle Football

Name _____
Last First Middle

Grade _____ Date of Birth _____

Parent's Names _____

Present Address _____

Home phone _____ cell phone _____ email _____

Family Physician _____ Family Dentist _____

Name of Private Insurance Carrier _____

Policy Number and Address _____

Preferred Hospital _____

In case of emergency, who should be notify?

	Name	Relation	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designed preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for the surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Parent Signature: _____ Date _____

My child and I are aware that participating in sports such as football can be potentially hazardous activity. To the best of my knowledge, my child is physically able to participate in strenuous activities. I acknowledge it is my responsibility to seek a physicians opinion if this is uncertain. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risks and condition associated with the sport. All such risks to my child are known and understood to me. I understand that the Holmen Youth Tackle Football Inc. and it's volunteers cannot be held liable for injuries resulting from participation in this camp.

In addition, your child will be instructed on the following rules concerning the use of their helmet. "Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and can result in severe head, brain, or neck injuries. Paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without the intent to butt, ram, or spear. No helmet can prevent all head or neck injuries."

Parent Signature: _____ Date _____