

PLAYER'S JERSEY NUMBER: _____

Medina Gridiron Youth Football

Health Information Sheet and Emergency Medical Authorization

Name _____ Date of Birth _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Mother's Name _____

Father's Name _____

Guardian's Name/s (if applicable) _____

Child living with: ___ Mother & Father ___ Mother ___ Mother & Step ___ Father ___ Father & Step ___ Guardian

Name of Relative or neighbor who will assume care of your child if you cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Does your child have any allergies to peanuts or bee stings? Yes No

Does your child have any other allergies? Yes No

If so, please specify _____

Does your child have asthma? Yes No

If so, does he/she require an inhaler? Yes No

(please give your child's coach an inhaler in a zip lock, labeled with your child's name)

Does your child have any other health conditions of which we should be aware? _____

Does your child take any medications on a regular basis? Yes No

If so, please specify all medications _____

In case of emergency, who should we notify?

Name	Relation	Phone Number
1. _____		

2. _____		
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3. _____		
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Parent/Guardian Signature

Date

Home number

Cell Phone or Pager number

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Preferred Hospital _____

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 designated 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 such 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:

Date: _____ Parent Signature: _____
Address: _____
City, State, Zip: _____

In consideration of the Medina Gridiron Youth Football. (MGYF) accepting my application of my son or daughter, we the undersigned, intend and agree to be legally bound hereby and for ourselves, our heirs, executors, and administrators, hereby waive and release any and all rights and claims for damages we may have against the management of MGYF, The City of Medina, Medina City Schools and/or the Northeast Ohio Youth Football Conference, its’ officers, directors, or coaching staff, of any member of any team or any officer of MGYF, The City of Medina, Medina City Schools and/or the Northeast Ohio Youth Football Conference, its representatives, successors and assigns, its affiliated organizations and sponsors, its employees and associated personnel, including the owners of the fields and facilities, for any and all injuries to/by me, my son or daughter, at any practice, scrimmage, or game or in travelling to or from any practice, scrimmage or game or any other event of the Medina Bees Youth Football Association, Inc. or any of its member teams, or any other claim resulting from the registrant’s participation in MGYF.

TACKLE PLAYERS ONLY:

IN ADDITION, YOUR CHILD WILL BE INSTRUCTED ON THE FOLLOWING RULE CONCERNING THE USE OF THEIR HELMET. “Do no use this helmet to butt, ram, or spear an opposing player. This is in violation of the football rules and can result in severs 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.”

Football Player’s Parent/Guardian Initials _____

We hereby agree to obey all the rules and regulations of Medina Bees Youth Football, the Northeast Ohio Youth Football Conference, Medina City Schools and the City of Medina, its member teams and agree that this right to participate may be revoked at any time for conduct detrimental to Youth Football as determined by Medina Bees Youth Football.

Parent Signature _____ Date _____

I have received and read the Parent’s Code of Conduct and I understand that violation of these rules may serve as grounds for the undersigned to be excluded from attending future games and /or other MBYF events.

Parent Signature _____ Date _____