

**CONESTOGA VALLEY YOUTH FOOTBALL ASSOCIATION
2016 FOOTBALL MEDICAL FORM**

Player Name: _____

Player Age: _____ Player Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Player Physician Name/Practice: _____

Player Hospital Preference: _____

Please List Any Allergies or Medical Conditions: _____

Please List Any Special Medicines or Medical Procedures that Coaches/Staff Should Be Aware of:

I hereby declare the above information is true and accurate. I certify the player has no medical condition that would limit their activity or ability to participate in tackle football. In the event of an emergency, I hereby give permission for coaches, emergency personnel or hospital staff to provide the player with assistance and/or treatment and I agree to be responsible for the cost of such assistance or treatment.

Parent/Guardian Signature: _____ Date: _____

MUST BE COMPLETE BY A LICENSED PHYSICIAN WHO HAS EXAMINED THE PLAYER

The above mentioned player has been examined by me and is in sound physical condition and fully able to participate in the activities of tackle football practice and games.

Physician

Signature: _____ Date: _____

Practice Name: _____ Phone Number: _____

Address: _____
