

MARINE CITY JR. FOOTBALL

MEDICAL RELEASE/WAIVER OF LIABILITY

PLAYER'S NAME: _____

DATE OF BIRTH: _____ SCHOOL GRADE THIS FALL: _____

MAILING ADDRESS: _____

FATHER'S NAME & CELL PHONE: _____

MOTHER'S NAME & CELL PHONE: _____

EMAIL
ADDRESS: _____

EMERGENCY CONTACT NAME & PHONE (OTHER THAN PARENTS LISTED ABOVE)

Parent Guardian Permission/Waiver of Liability:

I understand that football is a contact sport in which serious injury may occur. I give my child/player unconditional permission to participate in all on and off field activities of Marine City Jr. Football. I agree to hold harmless and release from all liability all members of the Marine City Jr. Football Board of Directors, Coaches, and any other person assisting in the operation of the program, including those providing transportation to games and other affiliated events.

I also give permission to Marine City Jr. Football, its coaches, volunteers, and staff to seek any necessary or immediate medical attention for my child/player and for which I assume full responsibility for any cost incurred.

INSURANCE INFORMATION:

Health Insurance Carrier and Policy #: _____

Local Hospital Preference: _____

Family Doctor & Phone: _____

Please list any allergies and all other pertinent medical information:

Parent/Guardian Signature/Date

Player Signature/Date