

10-11 YEAR OLD

MEDICAL HISTORY AND MEDICAL CONDITIONS

Player's Physician _____

Name Telephone

Player's Dentist _____

Name Telephone

CIRCLE APPROPRIATE ANSWER AND ANSWER ALL QUESTIONS COMPLETELY

Allergies:	Yes	No	Asthma:	Yes	No	Congenital Problem	Yes	No
Diabetes:	Yes	No	Epilepsy:	Yes	No	Heart Disease	Yes	No
Convulsion disorder:	Yes	No	Allergy to insects:	Yes	No	Ankle Injuries:	Yes	No
Knee injuries:	Yes	No	Back injuries:	Yes	No	Head injuries:	Yes	No
Shoulder injuries:	Yes	No	Elbow injuries:	Yes	No	Wrist injuries:	Yes	No
Hand injuries:	Yes	No	Finger injuries:	Yes	No	Other injuries	Yes	No

If any of the above are answered YES list all the details and other medical conditions of Player not mentioned above: _____

List medication Player should **NOT** take: _____

List medication Player is currently taking: _____

Date of Player's last tetanus shot: _____

CERTIFICATION OF PLAYERS' MEDICAL CONDITION AND ABILITY TO PARTICIPATE IN ROCKET FOOTBALL AND MEDICAL TREATMENT AUTHORIZATION

In case of accident, injury or serious illness of the above named Player, I the undersigned Parent/Guardian, state that I have authority to execute this Authorization and hereby make, constitute and appoint the Player's Grand Rapids Christian Youth Football coaches and any other representative of Grand Rapids Christian Football my attorney-in-fact to act for me, in my name, and in my place to seek and obtain any and all reasonable dental and medical treatment of any type or nature for the above named Player. I understand that Grand Rapids Christian Youth Football, a member of the Northern Rocket Football League, Inc., does NOT have any insurance which pays for the dental, medical and/or hospital costs that might be incurred on behalf of the Player. Consequently, I understand that any and all costs incurred for any treatment shall be my sole responsibility. I further request that I be contacted as soon as practical after the accident, injury, or serious illness. In addition, I consent to the release of the above insurance and medical information by my attorney-in-fact. I further certify that the above named Player is medically fit and is able to participate as a Player in Grand Rapids Christian Youth Football Program. I understand that football is a contact sport and it is my sole decision as to whether or not the above Player obtains a medical examination before participating in this program. This Authorization shall terminate on November 1, 2010.

Date: _____

Signature of Parent/Guardian

Print Name of Parent/Guardian

(CONTINUED ON OTHER SIDE)