



**CENTRAL VALLEY YOUTH FOOTBALL AND CHEER  
MEDICAL FORM**

**PARTICIPANT NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

**ASSUMPTION OF RISK AND CONSENT FOR TREATMENT**

I UNDERSTAND THAT THERE IS AN INHERENT RISK OF INJURY WITH MY PARTICIPATION IN CONTACT SPORTS, AND THAT THIS INJURY MAY LEAD TO PERMANENT DISABILITY OR DEATH. IN THE EVENT OF ROUTINE OF EMERGENCY HEALTH EXAMINATIONS DIAGNOSTIC PROCEDURES, TREATMENT OF ILLNESS, AND/OR INJURIES, PERMISSION IS HEREBY GRANTED TO TREAT THE ATHLETE ABOVE BY THE LEAGUE MEDICAL STAFF, PHYSICIANS ASSOCIATED WITH OTHER COMMUNITY FACILITIES AS NEEDED.

**SIGNATURE OF PARENT / GUARDIAN:** \_\_\_\_\_

**PRINT NAME OF PARENT / GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMERGENCY CONTACT #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

INDICATE THE STATUS OF YOUR PERSONAL HEALTH INSURANCE COVERAGE. IF COVERED, THE INFORMATION INDICATED BELOW MUST BE PROVIDED FOR ALL APPLICABLE POLICIES.

- \_\_\_\_\_ I AM NOT COVERED BY A HEALTH/ACCIDENT INSURANCE POLICY.
- \_\_\_\_\_ I AM COVERED BY MY OWN HEALTH/ACCIDENT INSURANCE POLICY.
- \_\_\_\_\_ I AM COVERED BY MY PARENT'S HEALTH/ACCIDENT INSURANCE POLICY.

**HEALTH INSURANCE COMPANY NAME & ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_

**GROUP #:** \_\_\_\_\_ **POLICY #:** \_\_\_\_\_

**PHYSICIAN CONSENT**

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **BLOOD PRESSURE:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**MEDICATION STUDENT-ATHLETE IS TAKING:** \_\_\_\_\_

**PREVIOUS MEDICAL CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ STUDENT-ATHLETE CLEARED FOR ALL FULL CONTACT PHYSICAL ACTIVITIES
- \_\_\_\_\_ STUDENT-ATHLETE RESTRICTED FROM PHYSICAL ACTIVITIES, REASON AND/OR CONDITIONS FOR

**CLEARANCE (IF ANY):** \_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS FOR CLEARANCE (IF ANY):** \_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_

**DOCTOR'S ADDRESS STAMP**

**SIGNATURE OF DOCTOR:** \_\_\_\_\_