



This form must be turned in to team mom 1st day of practice. If you have a copy of the physical, fill out insurance information, sign, and attach a copy of a school/football physical dated not more than one year ago (Aug 1st 2018).

Name: _____ Age: _____

Address: _____

INSURANCE Major Medical Insurance Company _____

Policy # _____ State _____ Holder _____

To be completed by physician or attach copy of school exam:

Date of Exam: _____ Height: _____ Weight: _____

Appearance: _____

Skin: _____ B/P: _____

Respiratory: _____ Pulse: _____

Cardiac: _____

Detail limitations, conditions, or regular medications (OTC or RX)

I have recently examined the above named player and find him/her to be in good physical condition and fully able to participate in the activities of MOTYFCL.

Medical Signature: _____ Date: _____

IMMUNIZATION RECORDS REQUIRED, PARENTAL PERMISSION WAIVER:

I hereby authorize the staff of M.O.T.Y.F.C.L, its directors, agents, athletic trainers, and hospital to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release M.O.T Youth Football & Cheer League, its sponsors, suppliers and facilities from any and all liability for expenses incurred due to sickness or accidental injury sustained while participating with M.O.T. I know of no mental or physical problems that might adversely affect my child's ability to participate.

I hereby grant M.O.T permission to use any photographs or video of my child for promotional purposes.

Parent/Guardian Signature: _____ Date _____

*******EMERGENCY NUMBER WHILE CHILD IS AT M.O.T *******

NAME: _____ PHONE: _____

YOU CANNOT BE ADMITTED TO M.O.T TEAMS WITHOUT THIS FORM