



MEDICAL HISTORY INFORMATION FORM AND CONSENT
AUTHORIZATION FOR MEDICAL TREATMENT FOR MINOR CHILD
WARREN YOUTH FOOTBALL PROGRAM

www.warrenyouthfootball.com

CHILD'S NAME _____

TO INSURE THE SAFETY OF THE PARTICIPANTS, THE PROGRAM IS REQUIRING ALL PARENTS OR LEGAL GUARDIANS TO FILL OUT THIS FORM. THERE ARE SOME CONDITIONS THAT RESTRICT A CHILD FROM PARTICIPATING IN CONTACT SPORTS: THE FOLLOWING LIST INCLUDES: BLOOD DISEASE, ONE EYE, ONE KIDNEY, SKELETAL DISORDER, EPILEPSY, AND RECENT SURGERY NOT LESS THAN 8 WEEKS.

I, WE _____ AND _____
NAME NAME

OF _____ LAKE COUNTY, ILLINOIS, DO HEREBY STATE THAT I (NATURAL PARENT(S)) (LEGAL GUARDIAN(S))
CITY

HAVING LEGAL CUSTODY OF CHILD LISTED ABOVE, A MINOR, AGE _____ BORN _____
AGE DATE OF BIRTH

WE CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT, AND HOSPITAL CARE, TO BE RENDERED TO THE MINOR UNDER THE GENERAL OR SPECIAL SUPERVISION AND ON THE ADVICE OF ANY PHYSICIAN OR SURGEON LICENSED TO PRACTICE IN THE STATE, WHEN THE NEED FOR SUCH TREATMENT IS IMMEDIATE, AND WHEN EFFORTS TO CONTACT ME (US) ARE UNSUCCESSFUL. THIS CONSENT EXPIRES AT THE CONCLUSION OF THE FOOTBALL SEASON NOVEMBER 16, 2008.

SIGNATURE OF 1 PARENT(S) OR GUARDIAN(S) *(1 Parent's Signature is Sufficient)*

DATED THIS _____ DAY OF _____, 2008.
DAY NUMBER MONTH

HOME PHONE NUMBER *(INCLUDING AREA CODE)* _____ WORK PHONE NUMBER _____ CELL PHONE *(INCL. AREA CODE)* _____

HOME PHONE NUMBER *(INCLUDING AREA CODE)* _____ WORK PHONE NUMBER _____ CELL PHONE *(INCL. AREA CODE)* _____

PLEASE PROVIDE THE NAME OF ANOTHER PERSON TO CONTACT IF WE ARE UNABLE TO REACH YOU (CAN ALSO BE SOMEONE IN WTYF).

NAME _____ CELL PHONE *(INCL. AREA CODE)* _____

HOSPITAL PREFERENCE: VICTORY CONDELL LAKE FOREST

FAMILY PHYSICIAN _____ PHYSICIAN'S PHONE NUMBER *(INCL. AREA CODE)* _____

DOES THE PARTICIPANT HAVE ANY OF THE FOLLOWING: (PLEASE CHECK)

- | | | |
|---|--|--|
| <input type="checkbox"/> RECENT SURGERY | <input type="checkbox"/> EYE GLASSES OR CONTACTS | <input type="checkbox"/> EPILEPSY |
| <input type="checkbox"/> HEART DISEASE | <input type="checkbox"/> SKELETAL DISORDERS | <input type="checkbox"/> KIDNEY PROBLEMS |
| <input type="checkbox"/> BRACES | <input type="checkbox"/> ALLERGIES | <input type="checkbox"/> BLOOD DISEASE |
| <input type="checkbox"/> AUTO ACCIDENT | <input type="checkbox"/> ASTHMA | <input type="checkbox"/> LIVER DISORDER |
| <input type="checkbox"/> HEARING LOSS | <input type="checkbox"/> ALLERGIC TO BEE STINGS | <input type="checkbox"/> OTHER |

LIST ALL ROUTINE MEDICATIONS _____

PURPOSE FOR MEDICATION _____

IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW?



2008
PERMISSION AND RELEASE
WARREN YOUTH FOOTBALL PROGRAM
www.warrenyouthfootball.com

CHILD'S NAME-- PRINT			CHILD'S MAILING ADDRESS -- PRINT		
CITY, STATE AND ZIP			SCHOOL ATTENDING		
E-MAIL PRIORITY ADDRESS (PAR ENT'S)			PRIMARY RESIDENCE / LEGAL GUARDIAN		
AGE AS OF 9/01/08			PHONE NUMBER (INCL. AREA CODE)		
DATE OF BIRTH		GRADE 08-09		2ND AND/OR CELL PHONE (INCL. AREA CODE)	
		CURRENT WEIGHT (LEAVE BLANK)			

I, THE PARENT (OR LEGAL GUARDIAN) OF THE ABOVE NAMED CHILD, WHO IS A CANDIDATE FOR A POSITION ON THE WARREN TOWNSHIP YOUTH FOOTBALL SQUAD, HEREBY GIVE MY APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES OF THE WARREN TOWNSHIP YOUTH FOOTBALL PROGRAM DURING THE CURRENT SEASON. IN EXCHANGE FOR THE ACCEPTANCE OF SAID CHILD'S CANDIDACY BY WARREN TOWNSHIP YOUTH FOOTBALL. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES, AND RELEASE, ABSOLVE, AND HOLD HARMLESS WARREN TOWNSHIP YOUTH FOOTBALL AND ALL ITS RESPECTIVE OFFICERS, AGENTS, AND REPRESENTATIVES FROM ANY AND ALL LIABILITY FOR INJURIES TO SAID CHILD ARISING OUT OF TRAVEL TO, PARTICIPATING IN, OR RETURNING FROM THE FOOTBALL GAMES, PRACTICES, OR EXHIBITIONS CONDUCTED DURING THE SEASON.

PHOTOGRAPHS: *Unless we are notified in writing, WARREN YOUTH FOOTBALL may take pictures of participants in our program. Please be aware that these pictures are only for WARREN YOUTH FOOTBALL's use in future publications or website postings.*

IN CASE OF INJURY TO SAID CHILD, I HEREBY WAIVE ALL CLAIMS AGAINST WARREN TOWNSHIP/WARREN TOWNSHIP YOUTH FOOTBALL OR ANY PERSON TRANSPORTING SAID CHILD TO AND FROM THE FOOTBALL ACTIVITIES. THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS AND SOME OF THESE INJURIES INCLUDE THE RISK OF FRACTURES, PARALYSIS, OR DEATH. YOU SHOULD DISCUSS THIS WITH YOUR CHILD.

SAID CHILD IS COVERED BY THE FOLLOWING INDIVIDUAL OR FAMILY-TYPE INSURANCE:

HOSPITALIZATION	ACCIDENT
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I HAVE READ THIS DOCUMENT ENTITLED "PERMISSION AND RELEASE" UNDERSTANDING ITS PROVISION, AND AGREE TO ALL TERMS AND CONDITIONS THEREIN. I HAVE ALSO READ THE DOCUMENT ENTITLED "PARENT'S NOTICE" UNDERSTANDING ITS POLICIES AND AGREE TO ITS TERMS AND CONDITIONS AS STATED THEREIN. I ALSO UNDERSTAND THAT AT THE TIME OF EQUIPMENT HANDOUT, THERE WILL BE A SEPARATE DOCUMENT TO SIGN AND AN EQUIPMENT DEPOSIT TO BE PAID AT THAT TIME, WHICH IS SEPARATE FROM THIS, UNDERSTANDING ITS POLICIES AND AGREE TO ITS TERMS AND CONDITIONS AS STATED THEREIN.

SIGNATURE OF PARENT 1 (OR LEGAL GUARDIAN)	SIGNATURE OF PARENT 2 (OR LEGAL GUARDIAN)	DATE
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PRINT NAME OF PARENT 1 (OR LEGAL GUARDIAN)	PRINT NAME OF PARENT 2 (OR LEGAL GUARDIAN)	DATE
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DATE REGISTERED	REGISTRATION AMOUNT PAID	CHECK NUMBER	X-HERE FOR CASH	RECEIVED BY
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*** CIRCLE WHICH DAY AND WHICH LEVEL YOUR CHILD PARTICIPATED IN LAST YEAR. DISREGARD IF NOT APPLICABLE. ***

SATURDAY or SUNDAY

BANTAM	FEATHERWEIGHT	MIDDLEWEIGHT	LIGHTWEIGHT	HEAVY WEIGHT
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