

**NRJLF MEDICAL INFORMATION
AND RELEASE FORM**

Player's Name _____ D.O.B _____
Father's Names _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Mother's Name _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____
Emergency Contact _____ Phone _____

MEDICAL INFORMATION:

Family Physician's Name _____ Phone _____

Allergies and/or Medical Conditions (list):

Medications (list):

Date of Last Tetanus booster _____

Person Responsible for Charges (if different then from above) _____

Insurance Company _____ policy # _____ grp# _____

I/we hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

NOTE: This release is to be carried by head/assistant coach to all practices and games.

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities.

Photo Release:

I/we hereby grant to NRJLF the right to take photographs of my child in connection with any event or game sponsored by the NRJLF. I authorize use and publishing in print or electronically for purpose of publicity, illustration, advertising and web content.

Parent Signature _____ Date _____

Parent Signature _____ Date _____