

Wilton Youth Football, Inc.

Medical Form & Doctor Certification

2017 SEASON

Required for all WYF Participants

DOCTOR CERTIFICATION

Player's Name _____ Grade (Fall 2017) _____

School (Fall 2017) _____ Weight _____

I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN TACKLE FOOTBALL, FLAG FOOTBALL OR CHEERLEADING ACTIVITIES.

ADDITIONAL COMMENTS: _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S NAME _____ PHONE NUMBER: _____

PRINT OR STAMP

MEDICAL INFORMATION (to be completed by parent)

Allergies Yes _____ No _____ if yes, what _____

Medication _____

Chronic Conditions Yes _____ No _____

if yes, what _____

Important for 2017

HOLD THIS FORM – DO NOT MAIL

WYF Medical and Parent Consent must be hand delivered the day of equipment distribution.

EMERGENCY CONTACT INFORMATION:

1) PRIMARY CONTACT: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

2) ALTERNATE CONTACT: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

Wilton Youth Football, Inc.

PARENTAL CONSENT AND WAIVER OF LIABILITY

2017 - 2018 SEASON

Child's Name: _____

Address: _____

Mother's Name: _____

Father's Name: _____

PLEASE READ THIS PARENTAL CONSENT AND WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.

A. Permission to Participate and for Medical Treatment

I/We, the undersigned, hereby give permission for our child, named above, to participate in football/cheerleading activities in the Wilton Youth Football & Cheerleading programs for the 2017 - 2018 Wilton Youth Football season. I/We agree to abide by all the rules and regulations set forth by the team association and the Fairfield County Football League. If any equipment issued to our child should be lost or damaged through our negligence or that of our child, I/we agree to pay to have it replaced. I/We understand that the insurance, which is carried by the team, is secondary to whatever coverage we have. In the event of a claim, I/we agree to submit the claim to our insurance company. If no insurance coverage exists, the insurance coverage provided through the league becomes the primary coverage.

In the event of an injury, I/we hereby give permission for our child, named above, to be transported to a nearby emergency medical facility. Additionally, I/we give permission for medical treatment to be administered as deemed necessary by the medical staff.

B. Waiver of Liability

I/We acknowledge that I am/we are fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH. Furthermore, I/we fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Wilton Youth Football, Inc., Wilton Youth Football & Cheerleading program, Fairfield County Football League and the teams that compose the league and their administrators, board members, coaches, volunteers, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE.

C. Injuries/Assumption of Risk:

I/We acknowledge that injuries may occur in the course of any athletic activity, and I/we hereby specifically assume all risk of any injury occurring during the course of our child's participation in the Event.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Important for 2017

HOLD THIS FORM – DO NOT MAIL

WYF Parental Consent must be submitted online AND in Hard Copy at Equipment Pickup.

All Registrations are completed online

WYF 2017 Emergency Information Form

All Players Must Complete and Submit this Form Online. If severe limitations exist, please complete a hard copy of the form and submit it at Equipment Distribution

Child's Name: _____ Date of Birth: _____ Grade 17/18 _____

Home Address: _____

Home Phone: _____ Nanny/Babysitter: _____

E-mail Address: _____

Mother's Name: _____ Mother's Cell Phone: _____

Father's Name: _____ Father's Cell Phone: _____

Child's Medical Information

Physician's Name: _____ Phone: _____ Town: _____

Dentist's Name: _____ Phone: _____ Town: _____

Allergies: (List & Note Reaction)

Food: _____

Bee Stings: _____

Environmental (including pets): _____

Sensitivity to Medications: _____

List Allergy Medications: _____

Known Health Conditions: (List Limitations)

Asthma: _____

Diabetes: _____

Seizures: _____

Other: _____

In the event that I cannot be reached, I authorize the following persons to act on my behalf for the care and transportation of my child; and Wilton Youth Football volunteers have my permission to contact these people:

1. _____
Name Address Phone

2. _____
Name Address Phone

If I cannot be reached in an emergency, I authorize Wilton Youth Football volunteers to act on my behalf, administer First Aid and to obtain emergency medical treatment for my child.

Date Signature of Parent or Guardian