

20__ Participant Medical Document

PLAYER INFORMATION

CLUB Name FREEPORT RED RAVENS Age _____

Player Name _____ Date of Birth _____

Address _____

City _____ Zip _____ Phone _____

School Attending _____ Email _____

Emergency Contact Name(s) _____ Relationship _____

Contact Phone Day _____ Evening _____

Sport: _____ TEAM: _____ Returning Player? _____

Academic Activity: _____

CONSENT OF PARENT OR GUARDIAN

I HEREBY CERTIFY that I am the legal parent or guardian of the above named player. I have been informed of the nature and purpose of the Freeport Red Ravens (FRR) program. I understand that my child will participate in the sporting event(s), written at the top of this form, under adult supervision. I consent to my child participating in any and all activities associated with playing all sporting/ academic events in the FRR, including being transported to and from any and all games and practices. I assume any and all risk and hazard associated with my child's participation in FRR. I hereby release, indemnify, and hold harmless FRR entity and its member CLUBS, boards, coaches, volunteers, towns affiliated, and officials from any liability whatsoever for any injury which may result from my child's participation in any of the FRR activities. I certify that my child is physically fit to participate in all other sporting / academic events that I have registered him/her for under the FRR umbrella. I agree to not allow my child to participate at any time that he or she is not physically capable.

Signature of Parent or Guardian Relationship Date

PHYSICIAN'S CERTIFICATION

I HEREBY CERTIFY that _____ was examined by me on the below date. There is no contra-indication to participation in any sport, including tackle football.

Physician's Signature Date Phone

PHYSICIAN'S STAMP

EXECUTIVE or SPORTS DIRECTOR'S APPROVAL

I HEREBY CERTIFY that the information above is true and correct to the best of my knowledge. The named player is eligible in all respects to play for our club at the stated age level.

Director's Signature Date

COACH or LEAGUE APPROVAL

The birth records of the above named player have been examined, and he or she is eligible in all respects to participate in the FRR Club programs & all / any other sporting /academic events for this season.

Official's Signature Date

