

Association:			Picture must be vertical and fit in the confines of this box	Jersey Number
Name:				
Address:				Weight
Emergency Name/Phone:				
Family Dr Name/Phone:				
Insurance Name/Group:				
	Date	Check In		
Jamboree			Check appropriate box if transfer was needed.	
Wk 1			<input type="checkbox"/> Change of Physical Address Transfer	
Wk 2			<input type="checkbox"/> Change of Association Transfer	
Wk 3			Current President	Accepting President
Wk 4			NCF Official Signature and Date	
Wk 5			TO BE COMPLETED AT OFFICIAL CERTIFICATIONS	
Wk 6			<input type="checkbox"/> Player Card	NCF Stamp
Wk 7			<input type="checkbox"/> Contract	
Wk 8			<input type="checkbox"/> Weight: _____	
Wk 9			<input type="checkbox"/> 17/18 Grade: _____	
Rd 1			<input type="checkbox"/> Physical Date: _____	
Rd 2			NCF Official Signature and Date	
State				
SB				

I/We the undersigned parent/guardian of _____, a minor, do hereby authorize the _____ as agent(s) for the undersigned to consent to any x-ray examination, apathetic, medical, or surgical diagnosis or any treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the best exercise of his judgment, may deem advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and shall remain effective until the end of the current season of 20___, unless sooner revoked in writing and delivered to said agent(s). I hereby give my consent for the above named (my child or ward) to compete in the Nor Cal Fed Youth Program.

Parent/Guardian Signature	Witness	Date
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I certify that the participant was physically cleared to participate in any of the team's activities. I further certify that it is my sole responsibility to ensure the correct grade was followed as enumerated in the 20__ Nor Cal Fed Rulebook

Head Coach Signature	Date	President Signature	Date
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MEDICAL INFORMATION

Height		Temp		Lungs		Throat	
Ears		Nose		Hernia		Skin	
Weight		Heart		Abdominal		Feet	
BP		Teeth		Extremities			

I hereby certify that _____ was examined by me and found to be CERTIFIED TO ENGAGE IN SPORTS.

Signature	Date	Phone Number
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