

**SOUTHERN NEW ENGLAND YOUTH FOOTBALL CONFERENCE
PARENT/PHYSICIAN STATEMENT & MEDICAL RELEASE –
2009 SEASON**

Player/Cheerleader Full Name: _____ Birth Date: _____

PARENT/GUARDIAN STATEMENT

To Whom It May Concern:

I grant permission for my child to receive emergency treatment whenever necessary while attending any function, with any team/squad of the Southern New England Youth Football Conference and/or its member town, the Windham Youth Football and Cheerleading Program.

Please check all that apply and provide details to the Doctor and on a separate sheet for the coaching staff

1. Ever been Hospitalized Operated on?	<input type="checkbox"/>	2. Have known allergies?	<input type="checkbox"/>
3. Ever had Bone or Joint Problems, Fractures, or Weak Joints?	<input type="checkbox"/>	4. Ever had Blood Pressure or other Long Term or Recurring Illnesses?	<input type="checkbox"/>
5. Take any Medications regularly?	<input type="checkbox"/>	6. Ever had a Hernia, Rupture, or Head Injury?	<input type="checkbox"/>

Please print:

Parent/Guardian Name: _____ Emergency Contact Phone #'s: _____

Address: _____ City/Town/Zip: _____

Child's Physician: _____ Phone: _____

Medical Insurance (Name)/Policy # _____

PHYSICIAN'S STATEMENT

Height: _____ Weight: _____ Age: _____ Date Actual Examination Performed
(**REQUIRED**) _____

This child is fit to participate in youth football/cheerleading activities. Remarks: _____

Date Signed _____

Signature of Physician (**REQUIRED**)

I am fully aware of the results of this physical examination and to the best of my knowledge the findings of the examining physician are correct.

Date Signed _____

Signature of Parent/Guardian (**REQUIRED**)

I am fully aware of the results of this physical examination and to the best of my knowledge the findings of the examining physician are correct.

Date Signed _____

Signature of League President / Head Coach