



**MILL CREEK YOUTH  
FOOTBALL LEAGUE**

Please complete and email this form to [MCYFLRegister@Gmail.com](mailto:MCYFLRegister@Gmail.com). If you are unable to email the form, you can bring it to the MCYFL equipment check-out session. If you are unable to attend this session (or need more time), please mail the completed and signed original forms to:

MCYFL  
15432 63RD DR SE  
Snohomish, WA 98296

Your child will not be allowed to practice until this document has been received and verified by MCYFL.

**YOUTH SPORTS MEDICAL INFORMATION AND RELEASE FORM**

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ 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: \_\_\_\_\_ Address: \_\_\_\_\_

Allergies and/or Medical Conditions (list): \_\_\_\_\_

Medications: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Person Responsible for Charges (if different then from above): \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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 \_\_\_\_\_