



MILL CREEK YOUTH FOOTBALL LEAGUE

Please complete and email this form to 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
PO BOX 13281
MILL CREEK WA 98082-1328

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 _____