



YOUTH SPORTS MEDICAL INFORMATION
AND RELEASE FORM

Player's Name _____ D.O.B _____
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 (list): _____
Date of Last Tetanus booster _____
Person Responsible for Charges (if different then from above) _____
Insurance Company _____ policy # _____

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in athletic activities. MMA does not take responsibility for death, or injuries a player or participant may suffer while participating in any sport, club or extracurricular activity. Students play or participate at their own risk.

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 _____

NOTE: No information will be given out unless needed in an emergency.