



Dunwoody Junior Wildcats Football Program Medical Registration Form

PLAYER NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FATHER'S/GUARDIAN NAME _____ CELL _____

FATHER'S EMAIL _____

MOTHER'S/GUARDIAN NAME _____ CELL _____

MOTHER'S EMAIL _____

EMERGENCY CONTACT NAME _____

EMERGENCY CONTACT PHONE _____

FAMILY INSURANCE COVERS INJURIES INCURRED BY YOUTH SPORTS? YES OR NO

INSURANCE COMPANY _____

POLICY NUMBER _____

INSURANCE COMPANY PHONE NUMBER _____

PERMISSION FOR MEDICAL TRANSPORTATION & RELEASE & WAIVER OF LIABILITY

I hereby certify that I have knowledge of my child's physical condition and state of health and give my consent and permission for my child to engage in the active sports program of the GMSAA and the Dunwoody Junior Wildcat Football program.

I do further certify that my child has no physical defects, condition or disease or disability that will in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in the program.

I further state that I shall not hold any Person, Firm or Corporation backing any team, nor any of the Coaches of the Dunwoody Junior Wildcat Football program, the GMSAA, and Dunwoody High School/DeKalb County School System, responsible nor liable for injuries incurred during practice sessions, practice games, regularly scheduled games, playoff games, or transportation to and from any games. I further certify that by placing my signature on this document I have given my permission to the Dunwoody Junior Wildcat Football program to transport my child to a medical facility to secure treatment if deemed necessary at that time.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

AUTHORIZATION FOR TREATMENT

I hereby give permission for the representative(s) of the Dunwoody Junior Wildcat Football program to secure immediate medical treatment for my child, _____, who is under the age of eighteen (18) years. I further give my permission for a medical facility, or a representative of the Dunwoody Junior Wildcat Football program to provide immediate medical treatment for the above listed child. I understand that medical treatment is authorized in my absence, and that my signature below releases the Medical Facility and the Dunwoody Junior Wildcat Football program and Dunwoody High School from liability regarding treatment if I cannot be reached. I further understand that I will be considered the responsible party for any charges incurred.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

PLEASE LIST BELOW ANY EXISTING MEDICAL CONDITIONS, ALLERGIES, AND PRESCRIPTION DRUGS TAKEN.
