

York-Adams Elementary Football League

Emergency Authorization Form

Players's name _____ Age _____ Sex _____

Parent/Legal Guardian _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Physician _____ Doctor's Phone _____

Any known allergies, medical, or physical limitations: _____

I, being the parent or legal guardian, HEREBY AUTHORIZE ANY NECESSARY MEDICAL TREATMENT FOR THIS CHILD WHILE IN THE CARE OF THE COACHES AND DIRECTORS OF THE YAEFL FOR THE PRACTICES AND/OR GAMES OF THE 200__ Football season, with the following exceptions: ___(check if none) _____

parent/legal guardian signature

witness

I certify that _____ is covered by health and accident insurance and the such insurance will be maintained while the said child is active in the YAEFL program.

parent/legal guardian

witness