

Team Faith Youth Sports

Player Registration & Medical Release

Player Name _____
Birth Date _____ Home Phone # _____
Player's email _____ Player's cell # _____
School Attending _____ Grade _____

Contact Information

Mother _____ Occupation _____
Cell # _____ Email _____
Address _____
Father _____ Occupation _____
Cell # _____ Email _____
Address (if different) _____

Emergency Contact Information

Emergency Contact Name	Phone	Relationship to player
_____	_____	_____

Medical Release

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (ie EMT, First Responder, E.R. Physician)

Family Physician _____ Phone # _____
Address of Physician _____
Hospital Preference _____
Primary Insurance _____ ID Number _____
Secondary Insurance _____ ID Number _____

List any Medical Allergies/history of problems/medications, dosage information (ie diabetic, asthma, seizure disorder...):

Authorized Parent/Guardian Signature _____ date _____