



# TRI- STATE YOUTH FOOTBALL LEAGUE

## MEDICAL RELEASE FORM

ALL TEAMS ARE REQUIRED TO HAVE THIS FORM COMPLETED FOR EACH PLAYER.

**Forms MUST be in your Team Books and carried by Coaches or Team Managers at ALL TIMES.**

(PLEASE PRINT)

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS AND/OR ALLERGIES: \_\_\_\_\_

LIST ANY REQUIRED MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_

EMERGENCY CONTACTS			
NAME	RELATIONSHIP	PHONE	ALT. PHONE

IN CASE OF ILLNESS OR INJURY, I HEREBY AUTHORIZE A REPRESENTATIVE OF TSYFL TO USE HIS OR HER OWN JUDGEMENT IN ADMINISTERING FIRST AID AND/OR OBTAINING IMMEDIATE MEDICAL CARE IF A PARENT OR LEGAL GUARDIAN IS NOT PRESENT.

ADDITIONALLY, I HOLD HARMLESS TRI-STATE YOUTH FOOTBALL LEAGUE AS WELL AS ANY REPRESENTATIVE OF, INCLUDING ITS AFFILIATED PARKS, IT'S REPRESENTATIVES/COACHE'S FROM ANY LIABILITY AS I UNDERSTAND THE RISKS OF PARTICIPATION IN ANY OF THE SPONSORED EVENTS OR PROGRAMS.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE