

2009 Western Iowa Youth Sports Inc.
Parent/Player Information and Informed Consent Form.

Players Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Age _____ Grade _____ School _____

Fathers Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Workphone _____

Mothers Name _____ Phone _____
Address _____ City _____ State _____ Zip _____
Occupation _____ Workphone _____

Emergency Name _____ Phone _____
Relationship with player _____

Family physician _____ Phone _____
Insurance Co. _____ Policy # _____

Player medical information

Are you allergic to any drugs ? _____ If so, what ? _____

Do you have any other allergies ?(i.e., bee sting, dust) _____

Do you suffer from ___asthma, ___diabetes, and or ___epilepsy ?(Check any that apply)

Are you on any medication ? _____ If so, what ? _____

Do you wear contacts ? _____

Any other medical information that we should be aware of ? _____

I the parent of the above named minor give my permission for him/her to participate in youth football. My child and I are aware that participating in youth football is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me. I do hereby waive, release, absolve, indemnify and agree to hold harmless Western Iowa Youth Sports Inc., the organizers, sponsors, participants, and persons managing, supervising, or coaching my child for any activities, for any claim arising out of an injury while playing in a sporting activity sponsored and directed by Western Iowa Youth Sports Inc. Further, I authorize team or league officials to authorize and obtain medical care from any licensed medical authority should the above named minor become ill or injured while participating in team or league activities.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parents Signature _____ Date _____

