

Medical Release

The named player has my permission to participate in this program. In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I give permission to the attending training staff to render treatment to the participant, including hospitalization. Any expense arising from injury is the responsibility of the person signing below. I hereby authorize the staff of the Masters Football Players Clinic to provide care that includes routine diagnostic procedures (i.e. x-rays, blood & urine tests) and medical treatment as necessary to my minor son/daughter.

PARTICIPANTS NAME: _____

Please list any physical conditions that the athletic trainer and staff should be aware of(allergies, recurring illnesses, disabilities, chronic illness, asthma, insect allergies, etc.)

List Condition(s): _____

Month/Day/Year of most recent Tetanus: _____

If more than ten years ago, a booster shot is recommended.

I agree to indemnify and hold harmless the staff of the Masters Football Players Clinic and the City of Waltham, its agents and employees, from any and all liability in connection with these activities.

Parent/Guardian

Signature: _____ Month/Day/Year: _____

Emergency Notification: _____ Tel# () _____

Pager # _____ Cell # () _____

Please List your health insurance carrier and policy # below:

Ins. Co. _____ Policy # _____

All players shall submit a physical examination form from their doctor with the application prior to the clinic.

ALL INFORMATION ABOVE MUST BE COMPLETED TO ATTEND CLINIC. Form 2011