

INSURANCE INFORMATION

All participants must have their own medical/accident insurance coverage and notify the league of any changes or cancellations.

MEDICAL INSURANCE COMPANY		HMO	PPO
POLICY NUMBER	GROUP NUMBER		
SUBSCRIBER NUMBER	SUBSCRIBER ID#		
CLAIMS/BILLING ADDRESS			
CITY/STATE/ZIP CODE			
PRIMARY PHYSICIAN NAME (IF HMO/PPO)		PHYSICIAN PHONE NUMBER	

PARENT/GUARDIAN CONSENT

This health history for _____ is correct to the best of my knowledge, and has permission to engage in all prescribed activities, except as indicated as "restrictions" previously stated on this document. In the case of any emergency where I cannot be reached, I hereby grant permission to Lower Columbia Youth Football staff, assigned physicians and/or their consulting physician to render my son or daughter any treatment, medical or surgical care that they deem reasonably necessary to ensure the health and well-being of my child named above. I also hereby authorize Lower Columbia Youth Football coaches to render to my child any preventative, first aid, rehabilitative or emergency treatment that they deem reasonably necessary to the health and well-being of my child named above.

Parent/Guardian Signature

Date

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

Participation in athletics requires an acceptance of risk of injury. I rightfully assume that those who are responsible for the conduct of the activity have taken reasonable precaution to minimize such risk to my child and that the other participants in the activity will not intentionally inflict injury upon him/her. I hereby assume all risks associated with participation in Lower Columbia Youth Football and agree to hold harmless Lower Columbia Youth Football, its directors, officers, employees, agents, representatives, coaches, volunteers and athletic trainers from and against any and all claims, demands, losses or liability of any kind or nature which may arise in connection with injuries suffered to my child while participating in Lower Columbia Youth Football.

Parent/Guardian Signature

Date