

# 5 Star Football Player Medical Information Sheet and Legal Consent



## Medical Information

Player's Name: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_

List all regular medications being taken \_\_\_\_\_

List any chronic illnesses, allergies, mental/physical disabilities \_\_\_\_\_

## Medical Consent to Care and Treatment

I, \_\_\_\_\_ (Parent/Guardian), Hereby authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating Physician for my child \_\_\_\_\_ (Player Name) if I cannot be reached in an emergency.

I, \_\_\_\_\_ (Parent/Guardian), understand that Five Star provides a supplemental insurance policy through the Boys and Girls Club. I understand that it does not take the place of a regular health insurance policy and I hereby understand that Five Star strongly recommends that I/we have my/our own insurance policy to cover my/our child in case of injury.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

## Legal Disclaimer

*I/We, the parents or guardian of the above named applicant for a position on a Five Star Jr. Football team, hereby give approval to participate in any and all Five Star Jr. Football activities.*

*I/We know that participation in Five Star Jr. Football may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless Five Star Athletic Association, Inc. Five Star Jr. Football, Greater Eastside Junior Football Association, Boys and Girls Club, any organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extend and in the amount covered by accident or liability insurance. I/We will furnish a copy of a Certified Birth Certificate of the above named applicant to League Officials prior to my child participation in any Five Star Jr. Football activities.*

## Refund Policy

*Total fee is \$287.00. There is a \$100 non-refundable deposit due at registration. Players canceling their registration by June 30<sup>th</sup> will receive a refund of \$187.00. Players canceling their registration by August 31<sup>st</sup> will receive a refund of \$93.50. Players canceling their registration after August 31<sup>st</sup> will not be eligible for a refund.*

Parent or Guardian Signature \_\_\_\_\_ Date signed \_\_\_\_\_

For internal use only: Level: \_\_\_\_\_ Division: \_\_\_\_\_