

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, Issaquah and Renton School Districts, 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 extent 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. Five Star values the safety of all participants and reserves the right to release any player who presents a danger to him/herself or others. Refunds to this rule, will be discussed on a case by case basis.

Refund Policy

Players who cancel their registration by June 30th will pay an administrative fee of \$100. Players who cancel their registration by August 31st will pay an administrative fee of \$200. Players cancel their registration by August 31st will not be eligible for a refund.

Parent or Guardian Signature _____ Date signed _____