



This form must be turned into team mom 1<sup>st</sup> day of practice. If you have a copy of the physical, fill out insurance information, sign, and attach a copy of a school/football physical dated not more than one year ago (Aug 1<sup>st</sup> 2020).

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

INSURANCE Major Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ State \_\_\_\_\_ Holder \_\_\_\_\_

**To be completed by physician or attach copy of school exam:**

Date of Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Appearance: \_\_\_\_\_

Skin: \_\_\_\_\_ B/P: \_\_\_\_\_

Respiratory: \_\_\_\_\_ Pulse: \_\_\_\_\_

Cardiac: \_\_\_\_\_

Detail limitations, conditions, or regular medications (OTC or RX)

\_\_\_\_\_  
\_\_\_\_\_

I have recently examined the above named player and find him/her to be in good physical condition and fully able to participate in the activities of MOTYFCL.

Medical Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION RECORDS REQUIRED, PARENTAL PERMISSION WAIVER:**

I hereby authorize the staff of M.O.T.Y.F.C.L, its directors, agents, athletic trainers, and hospital to act for me in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release M.O.T Youth Football & Cheer League, its sponsors, suppliers and facilities from any and all liability for expenses incurred due to sickness or accidental injury sustained while participating with M.O.T. I know of no mental or physical problems that might adversely affect my child's ability to participate.

I hereby grant M.O.T permission to use any photographs or video of my child for promotional purposes.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*EMERGENCY NUMBER WHILE CHILD IS AT M.O.T\*\*\*\*\*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOU CANNOT BE ADMITTED TO M.O.T TEAMS WITHOUT THIS FORM