

**TUOLUMNE COUNTY YOUTH FOOTBALL AND CHEER
PLAYER GENERAL INFORMATION**

IN CASE OF EMERGENCY, WHO DO WE NOTIFY?

NAME _____ PHONE _____

OR

NAME _____ PHONE _____

LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS:

IF ANY MEDICAL PROBLEM OR PROHIBITION, WHAT PROCAUTIONS SHOULD BE TAKEN?

DOCTOR TO NOTIFY IN CASE OF EMERGENCY _____

HOSPITAL PREFERENCE, IF ANY? _____ PHONE _____

MEDICAL TREATMENT CONSENT

I HEREBY GIVE CONSENT FOR ALL MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OR MEDICINE FOR:

AS PLAYERS PARENT / GUARDIAN, THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB, OR WELL BEING OF MY CHILD.

DECLARATION OF REGISTRATION INFORMATION:

ALL OF THE INFORMATION PROVIDED BY ME OR ANY OTHER PERSON ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN IS A DIRECT VIOLATION OF ELIGIBILITY RULES. THE ATHLETE AND ANY CONFERENCE INDIVIDUAL MEMBER INVOLVED WILL BE BROUGHT BEFORE THE CONFERENCE FOR POSSIBLE REPRIMAND AND DISQUALIFICATION FROM THE CONFERENCE.

SIGNED _____

PARENT OR GUARDIAN

DATE