



KENNEBUNK –KENNEBUNKPORT YOUTH FOOTBALL & CHEERING ASSOCIATION

P.O. BOX 83, KENNEBUNK, ME 04043 WWW.KENNEBUNKYOUTHFOOTBALL.ORG

Medical Health & Release Form

Participant Name: _____ Birth Date: _____

Insurance Carrier: _____

Policy #: _____ Group #: _____

Participant's Health Provider (to be completed by parent or guardian)

Physician Name: _____ Phone #: _____

Address: _____

Other Medical Provider: _____ Phone #: _____

Address: _____

Does Participant have any allergies and/or asthma: YES: _____ NO: _____

Other conditions: _____

By signing below I am stating:

- 1) To the best of my/our knowledge the information above is correct, and I/we understand that misrepresentation of any of the information contained will result in the participant being denied the opportunity to participate in Kennebunk/Kennebunkport Youth Football & Cheering Association program.
2) I/We grant permission for my son/daughter to be treated for any medical conditions that may arise during practice or games.
3) I/We grant permission for any coach or volunteers transport my son/daughter to receive appropriate medical care should the need arise.

Parent's (Guardian) signature: _____ Date: _____

Doctor's Physical Examination Clearance (to be completed by participant's physician):

_____ was been examined in my office on _____

(Participant Name)

(Date of exam)

And may participate in the Kennebunk/Kennebunkport youth Football & Cheering program WITH/WITHOUT limitations. Any limitations will be noted below.

Limitations (if applicable) _____

Doctor Name: _____ Phone: _____

DR Signature: _____ Date: _____