



**Lake Stevens Vikings Youth Football Club  
(LSVYFC)**

**MEDICAL FORM**

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*Parents Please Print*

I/we, the parents/guardians of the above named player, who is trying-out for a position on a Lake Stevens Vikings Youth Football Club team, hereby give my/our permission and approval for participation in any and all of the activities of the LSVYFC during the current season. I/we assume all risks and hazards incidental to the conduct of these activities as well as transportation to and from these activities. I/we do hereby release, absolve, indemnify, and hold harmless the Lake Stevens Vikings Youth Football Club, the board members, the organizers, the sponsors or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to or from the activities. I/we will furnish a certified birth certificate of the above named player upon request of the league officials.

Parents/Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
Please Print Name

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**CONSENT TO MEDICAL CARE AND TREATMENT**

I/we \_\_\_\_\_ Parents/Guardian  
Authorize all medical, surgical, diagnostic and hospital  
procedures as may be preformed or prescribed by a treating  
physician for \_\_\_\_\_  
(Players Name)

If I/we cannot be reached in case of emergency.

\_\_\_\_\_  
Date Signature (Parents/Guardian Required)

**INFORMATION ABOUT PLAYER**

Birthdate \_\_\_\_\_  
Allergies \_\_\_\_\_  
Chronic Illnesses \_\_\_\_\_  
Regular Medications \_\_\_\_\_  
Date of last Tetanus Immunization \_\_\_\_\_  
Player's Physician \_\_\_\_\_  
Mother's Cell/Work Phone \_\_\_\_\_  
Father's Cell/Work Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Any other Disabilities or Health related concerns

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