



Lake Stevens Vikings Youth Football Club (LSVYFC)

REGISTRATION and MEDICAL FORM

Parents Please Print

Child's Name: First Last Birth Date M/F Grade

Street City State Zip Home Phone Work / Cell Phone

Parent/Guardian Names:

Name of City or League Name of Team Coach Position
PeeWee's (Ages 5-7) \$75.00 89'ers (Ages 8-9) \$100.00
Juniors (Ages 10-11) \$125.00 Seniors (Ages 12-14) \$150.00

Discount offered for Families of Multiple Players!! \$25.00 off each from the Cost of Registration for 2 Siblings. 3 or More Siblings and the Youngest Plays for FREE!

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 Please Print Name Signature

CONSENT TO MEDICAL CARE AND TREATMENT

INFORMATION ABOUT PLAYER

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)

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

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

Date Signature (Parents/Guardian Required)