

MEDICAL HISTORY FORM & MD RELEASE

All participants must have a medical history form on file with Menomonee Falls Junior Indians before they may begin practice. While a MD physical examination is normally good for two years, a new Medical History/MD Release form is required every year. It is the obligation of the parents/legal guardians to arrange for a physical examination. The form must be signed by a legally licensed practicing **PHYSICIAN**. Physical examination forms are available from our program directors or on the Jr. Indians Football webpage.

**No one will be allowed to participate in practices or games without a physical examination form on file!
NO EXCEPTIONS!!!**

Participant Name: _____ Gender: _____ Birth date: _____ Age: _____

Parent's names and cell phone #'s: _____

EMERGENCY CONTACT: (Name & Cell Phone #) _____

MEDICAL INFORMATION

Physician name & phone #: _____ Dentist name & phone #: _____

INSURANCE Carrier _____ Policy Number(s): _____

ANY KNOWN ALLERGIES: _____

ASTHMA: Yes ___ **No** ___ **INHALER: Yes** ___ **No** ___

HISTORY OF CONCUSSIONS: No: ___ **Yes:** ___ **When & How many:** _____

HEALTH CONDITIONS AND MEDICATIONS TAKEN WITH INSTRUCTIONS: _____

Other medical concerns to be aware of? _____

Any hospitalizations or injuries in the past year? Please Describe: _____

MD RELEASE

The above named student has been examined on: _____ and there are no apparent contradictions to participating in Program activities except as follows: (PHYSICIAN NOTE – Please refer to Guide for Athletic Disqualification.)

Sports or Program activities in which this student cannot participate are (IF none, write none): _____

If the student is restricted or disqualified, please indicate the reason(s): _____

Signature of Physician or Surgeon: _____ Date of signature: _____

Physician Address & Phone #: _____

PARENT/LEGAL GUARDIAN RELEASE

In consideration of participant's registration in the Menomonee Falls Junior Indians Football Program, for myself and for and on behalf of the participant, as his/her legal guardian, I hereby (a) acknowledge and agree that football and related activities are dangerous sport and I fully realize the risks of participating in the Program and ASSUME ALL RISKS related thereto, and (b) WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, INDEMNIFY, AND PROMISE NOT TO SUE the Program, its sponsors, officers, representatives, coaches, referees, and agents, any field owners, and any opponents, ("releasees") with respect to ANY AND ALL INJURY, LOSS, AND CLAIM ARISING FROM PARTICIPANT'S PARTICIPATION IN THE PROGRAM, EVEN IF DUE TO NEGLIGENCE OF THE RELEASEES OR EQUIPMENT FAILURE, UNLESS AND EXCEPT THAT WHICH IS THE RESULT OF A RELEASEE'S INTENTIONAL MISCONDUCT OR RECKLESSNESS. I further grant permission for any medical records pertaining to the health of the above named student to be made available as necessary to the proper Program personnel, and for Program personnel to administer emergency assistance to the participant, as reasonably necessary.

Parent/Legal Guardian Signatures: _____ **Date:** _____