



## 2019 Dunwoody Jr. Football Program Medical Registration Form

STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ FATHER'S CELL: \_\_\_\_\_  
MOTHER'S CELL: \_\_\_\_\_  
FATHER'S (GUARDIAN) NAME: \_\_\_\_\_ FATHER'S  
WORKPLACE: \_\_\_\_\_  
FATHER'S EMAIL: \_\_\_\_\_ FATHER'S  
WORK PHONE: \_\_\_\_\_  
MOTHER'S (GUARDIAN) NAME: \_\_\_\_\_ MOTHER'S  
WORKPLACE: \_\_\_\_\_  
MOTHER'S EMAIL: \_\_\_\_\_ MOTHER'S WORK  
PHONE: \_\_\_\_\_  
EMERGENCY CONTACT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAMILY INSURANCE COVERS INJURIES INCURRED BY YOUTH SPORTS?  
INSURANCE COMPANY: \_\_\_\_\_ POLICY  
NUMBER: \_\_\_\_\_

### PERMISSION FOR MEDICAL TRANSPORTATION & RELEASE & WAIVER OF LIABILITY

I hereby certify that I have knowledge of my child's physical condition and state of health and give my consent and permission for my child to engage in the active sports program of the GMSAA and the Dunwoody Jr. Football program.

I do further certify that my child has no physical defects, condition or disease or disability that will in any way jeopardize his / her health or physical condition if he / she is allowed to take an active part in the program.

I further state that I shall not hold any Person, Firm or Corporation backing any team, nor any of the Coaches of the Dunwoody Jr. Football program, the GMSAA, and Dunwoody High School / DeKalb County School

System, responsible nor liable for injuries incurred during practice sessions, practice games, regularly scheduled games, playoff games, or transportation to and from games.

I further certify that by placing my signature on this document I have given my permission to the Dunwoody Jr. Football program to transport my child to a medical facility to secure treatment if deemed necessary at that time.

PARENT / LEGAL GUARDIAN'S

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT**

I hereby give my permission for the representative(s) of the Dunwoody Jr. Football program to secure immediate medical treatment for my child, \_\_\_\_\_, who is under the age of eighteen (18) years. I further give my permission for a medical facility, or a representative of the Dunwoody Jr. Football program, to provide immediate medical treatment for the above listed child. I understand that medical treatment is authorized in my absence, and that my signature below releases the Medical Facility and the Dunwoody Jr. Football program and Dunwoody High School from liability regarding treatment if I cannot be reached. I further understand that I will be considered the responsible party for any charges incurred.

**PARENT / LEGAL GUARDIAN'S**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please list below any existing medical conditions, allergies and prescription drugs taken:

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