

# SENECA VALLEY JR. FOOTBALL AND CHEER

## Medical Release Form

Please complete this form, sign it, and return it to your child's coach as soon as possible. Players will be prohibited from playing league games until this is done.

Player's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Parents Names: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Medical Conditions to be watched:

\_\_\_\_\_  
\_\_\_\_\_

Religion: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number : \_\_\_\_\_

Nearest relative to be contacted in an emergency (please include phone #)

\_\_\_\_\_  
\_\_\_\_\_

**By signing below I agree to the following:**

- **Agree to release, absolve, indemnify, and hold harmless the Seneca Valley Jr. Football and Cheer Association of Cranberry, its agents, representatives, sponsors, officers, and coaches in case of injury to my son/daughter during these activities and when being transported to or from these activities.**
- **I/we understand that the insurance carried by this league covers only the amount that is not provided by my/our carrier.**
- **I hereby give my consent for the Seneca Valley Jr. Football and Cheer Association of Cranberry to procure emergency medical treatment for my son/daughter in the event of an injury.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach Name: \_\_\_\_\_