



# BRIDGEWATER YOUTH FOOTBALL ASSOCIATION

35 Elmwood Way, Bridgewater, MA 02324

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## 2010 Medical Release for Scheduled Play

**\*\* PARENTS:** Please read and fill out this medical release form **COMPLETELY**. The Medical Release form must be completed in order for your child to compete in Bridgewater Youth Football practices and games. It is important that you fully understand Bridgewater Youth Football Policies.

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### Fill In The Blanks: (Must be filled in by Parents and/or Guardians Completely)

In case of emergency, if family physician cannot be reached, I hereby authorize

\_\_\_\_\_ to be treated by  
**(Player's Name)** **(Date of Birth)**

another qualified, licensed physician who is available.

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Family Physician : \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alt. Telephone #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

**Comments:** List additional medical concerns (including any medication to be carried to a game or practice you feel the Team Manager or Bridgewater Youth Football Association should be aware of.

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

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Participation in Bridgewater Youth Football requires the ability to run, throw, kick, tackle, and be tackled. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current conditions that limit his/her ability to participate in this activity? **Please Circle Yes or No**

**If Yes please explain and identify any issues:** \_\_\_\_\_

I/We the parent(s) and/or legal guardians of the above named candidate for a position in Bridgewater Youth Football hereby give my/our approval to participate in any and all Bridgewater Youth Football activities, including transportation to and from the activities.

I/We know that participation in football may result in serious injuries and protective equipment does not prevent all injuries to players and hereby waive, release, absolve, indemnify and agree to hold harmless Bridgewater Youth Football, the League, Association, Directors, Coaches, Volunteers, Sponsors and persons transporting my/our child to and from activities for any claim ensuing out of any injury to my/our child whether the result of negligence or for any cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the above named candidate to Bridgewater Youth Football and to Old Colony Youth Football Officials.

**Parent(s) or Guardian Signature(s):** \_\_\_\_\_

**Name of Family Hospitalization Plan:** \_\_\_\_\_ **School** \_\_\_\_\_