

DOCTORS NOTE & CONSENT FORM

ASSOCIATION NAME:	CENTRE BULLDOGS FOOTBALL TEAM INC., A SUSQUEHANNA VALLEY POP WARNER FOOTBALL & CHEERLEADING ASSOCIATION
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NAME:		WEIGHT:	
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Physician: I hereby certify that I have examined the above named Athlete and found he/she is physically able to participate in:

FOOTBALL **CHEERLEADING**

This note is good for the 2005 school year, unless voided by serious injury, accident or illness. If void, it will be the responsibility of the child's parent/guardian to get updated medical information from his or her physician before resuming participation in sports.

PHYSICIAN NAME (printed)

PHYSICIAN SIGNATURE

DATE (after Jan 1st 2005)

(Physician please print address or use office stamp here)

..... Association cut here to separate these forms - Doctors Note attach to back of contract - Consent Form given to head coach of child's team.....

INFORMED CONSENT

CHILD'S NAME

ORGANIZATION NAME
**CENTRE BULLDOGS FOOTBALL TEAM INC., A
SUSQUEHANNA VALLEY POP WARNER ASSOCIATION**

I REALIZE THAT THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS. Having read this statement and knowing the risks, I parent/guardian of the above name child do hereby give my approval of his/her participation in any and all of the activities supervised by the above named organization during the current season. I assume all risks and hazards incidental to the conduct of the activities. I further release, absolve, indemnify, and hold harmless Pop Warner, The Centre Bulldogs Area Pop Warner Football Association, the organizers, the sponsors and the supervisors or any of the supervisors appointed by them.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL INFORMATION

The following information will be used by your child's coach in the event that a parent/guardian is not available during a practice or a game. Please complete the following information and see your child's coach during the year if any information needs to be updated. Contact priority will be the *FIRST* emergency name, if unavailable, the *SECOND* emergency person will then be contacted.

Athletes Address: _____ City and Zip: _____
1ST Contact: _____ 1ST Phone #: _____ 2ND Phone #: _____
2ND Contact: _____ 1ST Phone #: _____ 2ND Phone #: _____
Family Doctor/Clinic: _____ Phone #: _____
Preferred Hospital: _____
Health Insurance Company: _____ Policy #: _____

I hereby give permission to any member of the Centre Bulldogs Football Team Inc., a Susquehanna Valley Pop Warner Football and Cheerleading Association, to seek medical assistance for my child, and I further authorize any qualified person and/or medical facility to administer any necessary medical treatment to my child. My son/daughter has the following medical conditions (allergies, asthma, etc.) Medication being taken, and/or any other information that may be helpful to emergency medical personnel:

