

# 2012 Indianola Youth Football League, Inc.

## MEDICAL FORM

Please **PRINT** all information.

Date: \_\_\_\_\_

**Player's**

**Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

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List Any Allergies: \_\_\_\_\_

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Family Doctor: \_\_\_\_\_

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

Phone # \_\_\_\_\_

***Person to Contact In Case of Emergency:***

Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_

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

Cell # \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Work # \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

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I, \_\_\_\_\_, as parent / guardian of the above participant, certify that the above participant is both physically and mentally able to play in the Indianola Youth Football League and has health insurance and will have coverage through the duration of the Indianola Youth Football Season. I also hereby give my permission to the above named doctor and/or medical facility to treat the above named participant in case of injury.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature