



Penn Del Flag Football League Emergency Information Form

This form must be filled out completely and returned to the Team Coach prior to participation in any Penn Del Flag Football League activity. Each Team Coach shall collect and have available a completed form from each player during all Penn Del Flag Football League activities.

Player's Name	M F
	Sex
Parent's/Guardian's Name	Parent's/Guardian's Name
()	()
Home Phone	Work Phone
Address	Address
City, State, ZIP Code	City, State, ZIP Code

Alternative Emergency Contacts

Alternative Emergency Contact	Person (s) authorized to pick up player
()	()
Home Phone	Work Phone
Player's Physician Name	Physician's Phone Number

Medical Information

Medical Insurance Company	
Insurance I D Number	Insurance Group Number
Date of last Tetanus shot	Player's current medications
Allergies/Special Health Considerations	
<p>Emergency Medical Care Pre-Authorization:</p> <p>I/We, (print) _____, the legal parent and/or guardian of _____, who is my minor child, hereby pre-authorize minor and emergency medical care for my child in the event I/we are not available. I/We understand that I/we will be financially responsible for the cost of such treatment. Recognizing the possibility of physical injury associated with football and in consideration for the Penn Del Flag Football League accepting the registrant for its football programs and activities, I/we hereby release, discharge and/or otherwise indemnify the Penn Del Flag Football League Inc., all other affiliated organizations, sponsors and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and subsequent injury, and/or being transported to or from the same, which transportation I hereby authorize.</p>	
Parent's/Guardian's Signature	Date
Witness Signature	Date