

2015 D.A.Y.O. Flag Football MEDICAL RELEASE FORM

In the event of an emergency, and I/we cannot be reached, I/we authorize the coaching staff, team parent, or any authorized member of the D.A.Y.O. Flag Football League staff to obtain emergency medical treatment for:

Name of Player: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Family Physician: _____ Physician's Phone: _____

Family Dentist: _____ Dentist's Phone: _____

Your Primary Medical Insurance Company: _____

Your Primary Medical Insurance Policy #: _____

Please list below any allergies or medical conditions that would be relevant:

Parent or Guardian (Please Print): _____

Parent or Guardian (Signature & Date): _____

***All items above must be filled out and form returned A.S.A.P.
If not, it must be returned no later than the 2nd practice.
No player may participate without this completed form.***