



# ANDOVER FOOTBALL ASSOCIATION



## Emergency Information Consent Form

DATE \_\_\_\_\_

Name of Registrant \_\_\_\_\_  
First Mid Last

Parent(s) of Registrant \_\_\_\_\_

### Parent/Guardian Agreement

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of AFA and the league; it is affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with football and in consideration for AFA accepting the registrant for its football programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify AFA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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 Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/legal Guardian (please print) \_\_\_\_\_

Date \_\_\_\_\_ Signature X \_\_\_\_\_

### Emergency Information

Who should be notified? \_\_\_\_\_ Street Address \_\_\_\_\_ Phone \_\_\_\_\_

Alternate who can be notified? \_\_\_\_\_ Street Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician/HMO/Clinic Name \_\_\_\_\_ Street Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurer \_\_\_\_\_ Medical Policy Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Dental Insurer \_\_\_\_\_ Dental Policy Number \_\_\_\_\_

List any medical problems, limitations, or prohibitions the player may have \_\_\_\_\_

### Consent for Medical Treatment

As the parent or legal guardian of a participant in AFA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Date \_\_\_\_\_ Signature X \_\_\_\_\_

#### Notes:

1. This form, a portion of the AFA individual registration form, is to be retained by each team for such use as may be required during the season.
2. If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility.