

GRAND PRAIRIE SEMINOLE FOOTBALL ASSOCIATION
2009 G.P.S.F.A. FOOTBALL APPLICATION
HOTLINE 214-500-0081 WWW.GPSEMINOLES.ORG EMAIL GPSEMINOLES@GMAIL.COM

MEDICAL AND EMERGENCY INFORMATION

I ACKNOWLEDGE THAT PARTICIPATION IN FOOTBALL AND/OR CHEERLEADING MAY RESULT IN INJURY TO MY CHILD. ALTHOUGH PRECAUTION IS TAKEN TO PREVENT MOST INJURIES FROM HAPPENING. IT DOES NOT PREVENT ALL INJURIES. I RELEASE THE GRAND PRAIRIE SEMINOLE FOOTBALL ASSOCIATION, AND ANY AFFILIATES FROM ANY AND ALL ACCIDENTAL INJURIES TO MY CHILD.

IN CASE OF EMERGENCY, IF MY FAMILY DOCTOR CANNOT BE REACHED, I AUTHORIZE THE G.P.S.F.A. TO USE THEIR BEST JUDGEMENT ON MY BEHALF FOR THE TREATMENT OF MY CHILD.

PLAYER / CHEERLEADER NAME:
PARENT / GUARDIAN NAME:
FAMILY PHYSICIAN'S NAME:
PHYSICIAN'S PHONE#:
EMERGENCY CONTACT PERSON:
EMERGENCY CONTACT'S PHONE #:
MEDICAL INSURANCE CARRIER:
INSURANCE POLICY NUMBER:
PARENT / GUARDIAN NAME ON INSURANCE:
LIST ANY AND ALL MEDICAL PROBLEMS OR RESTRICTIONS THE CHILD MY HAVE:
PARENT / GUARDIAN SIGNATURE: _____ DATE: _____