



OCONOMOWOC ROOKIE FOOTBALL PHYSICAL CARD

APPROVAL FOR TWO YEARS OF COMPETITION-EXAMINATION

ATHLETES CANNOT PARTICIPATE IN FOOTBALL IN ANY WAY UNTIL THIS CARD IS TURNED IN TO THE RECREATION DEPT. OFFICE

Name _____ Date of Birth _____ Grade _____ Age _____ Gender _____
(Last Middle Initial First)

The above-named student has been examined and has been cleared to participate in athletic activities without restrictions ___Yes ___NO Cleared with the following restrictions: _____

Sports/activities in which this student cannot participate are as follows: (if none-write NONE) _____

If student is restricted or disqualified, please indicate reasons: _____

If approved for only one year of competition, please check here: _____ **Doctor's Signature** _____

Doctor's Address _____ **Date of Examination** _____

City & State _____ Dr. Telephone _____

Athletes Address of Primary Residency _____ Primary Telephone _____

City & State _____ Zip Code _____ Cellphone number _____

PARENT PERMISSION AND ACKNOWLEDGEMENTS:

1. I, as a parent (or legal guardian) of the above athlete, have read, understand, and therefore agree to support the policies and rules set forth for athletes and give my son/daughter permission to participate under those conditions.
2. I also give permission for coaches and personnel, in an emergency situation at an athletic event; to make decisions on certified medical assistance, first aid and care to my child should he/she require such assistance or emergency first aid by the coach.
3. As the parent (or legal guardian) of the above-named athlete, I agree to be financially responsible for the safe return of all athletic equipment issued to him/her. I further agree to hold my son/daughter financially accountable for any and all equipment, which he/she might lose, misplace, or damage.
4. I realize that there is an inherent risk of injury through participating in all sports. I realize this risk may be severe, including the risk of fractures, brain injuries, paralysis or even death. I have sufficient insurance and am willing to take full financial responsibility for any and all injuries sustained by my child while participating in the football program under the direction of the City of Oconomowoc Parks, Recreation and Forestry Department.

Signature of Parent/Legal Guardian _____ Date _____

FOOTBALL PHYSICAL EXAMINATION CARD

***ATHLETES CANNOT PARTICIPATE IN FOOTBALL IN ANY WAY UNTIL THIS CARD IS TURNED IN TO THE RECREATION DEPT. OFFICE**



OCONOMOWOC ROOKIE FOOTBALL EMERGENCY INFORMATION CARD

Participant Name _____ Date of Birth _____ Grade _____ Age _____
(Last Middle Initial First)

Parent/Guardian Name _____ Cellphone _____
(Last Middle Initial First)

Address _____ City & State _____

Athletes Address of Primary Residency _____ Primary Telephone _____

City & State _____ Zip Code _____ Cellphone number _____

Other than parent, in case of an emergency, contact _____

Home Phone _____ Cellphone _____ Relation _____

Do you carry personal health insurance? ___ Yes ___ No

Insurance Co _____ Policy # _____ Group # _____

The coach, trainer, staff and/or administrator may apply first aid treatment until the family doctor can be contacted ___ Yes ___ No

I/We give our consent for the coaches, trainer, staff and/or administrator to use their best judgement in securing medical aid and ambulance service in case parents'/guardians cannot be reached ___ Yes ___ No

Signature of Parent/Legal Guardian _____ Date _____