

# Fort Morgan Youth Athletics (FMYA) Player Registration/Medical Release Form

## Athlete Information

### Player Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

### Age

\_\_\_\_\_

### Guardian / Parents Names

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

### Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

Postal / Zip Code

### Home Phone

### Cell Phone

\_\_\_\_\_

Area Code

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Area Code

\_\_\_\_\_

Phone Number

### E-mail

\_\_\_\_\_

## Emergency Contact & Health Insurance Information

### Emergency Contact's Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

### Phone Number

\_\_\_\_\_

Area Code

\_\_\_\_\_

Phone Number

### Do you have health insurance ?

Yes

No

**Insurance Carrier**

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**Name of Policy Holder**

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**Subscriber ID/Group Number**

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**Card Number / Card Date**

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**Does you have any allergies, chronic illness, or medical conditions that would limit high level activitiy?**

Yes

No

**Please describe**

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**Parental Permission For Emergency Treatment**

In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my child, and I authorize the person in charge to take my child to:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

**Name of Physician / Emergency Medical Care Facility**

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**Address**

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Street Address

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City

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State / Province

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Postal / Zip Code

**Phone Number**

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Area Code

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Phone Number

## **Release of Liability**

Although the safety of all sport activities is the primary concern, indoor sport activities at Fort Morgan Youth Athletics facilities may cause injuries and/or death. I expressly assume the risk of injury, death, and/or illness arising from any cause, and agree to waive the right to pursue any claim against the Fort Morgan Youth Athletics organization and the persons in charge.

**I have read and agree to the above conditions**

Yes

No

**Parent's Signature/ Child's Signature**

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