

King's Crusaders Football Medical and Media Release Form

School Year: _____

Athlete Name: _____ DOB: _____ Grade: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Mother's email: _____

Father's email: _____

Emergency contact other than parent or guardian:

Name: _____ Phone: _____

Relationship: _____

Medical Release: I give permission to the coaching staff of the TriState Football Club/Fort Wayne King's Crusaders Football team or the designated athletic trainer to seek medical treatment for my child in the event of a sudden medical emergency, injury, accident or illness and neither parents nor guardians can be reached to provide consent to emergency medical personnel. I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Medical Record Sharing: I give permission for the coaching staff and/or athletic trainer to share important medical information with the coaching staff and emergency medical personnel.

Insurance Company: _____

Group Number: _____ Policy Number: _____

Primary Insurance Holder: _____

Family physician: _____ Phone: _____

Pertinent Medical Information: _____

Media Release: Tri State Christian Football Club/Fort Wayne King's Crusader's has my permission to use my child's photograph publicly in print, publication, websites and social media without payment of royalties or other compensation.

Parent Signature : _____ Date: _____