

# Manteca Jr. Buffaloes Youth Football and Cheer Waiver of Liability/Medical/Physical Form

Participant First & Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

### Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation in contact football and/or cheer stunts, and that this injury may lead to permanent disability or death. In the event of routine of emergency health examinations, diagnostic procedures, treatment of illness, and/or injuries, permission is granted to treat the athlete above by the Manteca Jr. Buffaloes League medical staff and or physicians associated with other community facilities as needed.

Print First and Last Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Insurance Information

Indicate the status of your personal health insurance coverage. If covered, the information indicated below must be provided for all applicable policies.

\_\_\_\_\_ I am not covered by a health/accident insurance policy.

\_\_\_\_\_ I am covered by my own health/accident insurance policy.

\_\_\_\_\_ I am covered by my parent's health/accident insurance policy.

Health Insurance Company Name & Address: \_\_\_\_\_

Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

### Physician Consent

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication Student-athlete is taking: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_

Previous Orthopedic Conditions: \_\_\_\_\_

\_\_\_\_\_ Student-athlete cleared for all full contact physical activities including cheer stunting.

\_\_\_\_\_ Student-athlete restricted from activities, reason and/or conditions for clearance (if any): \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

(Doctor's stamp of approval also required)