



Junior Longhorn Football Parental Consent and Medical Approval



Instructions: This form must be completed prior to any participation in camps, practices and games.

Player Information:

Name: _____ Phone: _____

Address: _____

City/State: _____ Zip Code: _____

Parent/Legal Guardian Liability Waiver and authority to furnish medical treatment:

It is agreed that the league, coaches, and sponsors assume no legal liability for injury or other loss as a result of the participation of the above named player in the Parkway West Junior Longhorn Football program. I give my consent and authority to all hospitals and their medical staffs to render emergency medical care and treatment to my child listed above.

(Parent or Legal Guardian Signature)

(Date)

PLEASE HAVE PHYSICIAN SIGN BELOW

MEDICAL APPROVAL:

The above named player is known to me and is physically fit to participate in camps and full-contact football.

Approved by Physician: _____ (M.D.,D.C.,D.O.)

Date: _____ Office Phone: _____

Print Physician name or Office Stamp: _____