

Team_____

West Hempstead Bronco Football

Medical Release Form:

Allergies:

Date of last physical exam: _____ Date of last tetanus shot:_____

Other medical factors we should be aware of:

In my Opinion, _____ is physically able to participate in the activities of the West Hempstead Bronco

Parent/Guardian Authorization

I/We know that participation in baseball may result in serious injuries to my/our child(ren). Protective equipment does not

prevent all injuries to players. In case of emergency, if family physician cannot be reached, I hereby authorize

_____ to be treated by another physician who is available.

Signature:_____

Date_____

Name of Family Physician:_____ Phone #_____

We the Parent/Guardian of the above named child, who is a candidate for a position on a West Hempstead Broncos football team, hereby give our approval to any and all activities of the League during the current season (including post season play). We assume all risks and hazards that are incidental to the activities and the transportation to and from said activities. We likewise release from any liability any person transporting our child to and from the activities. We do further release, absolve, indemnify, and hold harmless to organizers, supervisors, managers, officers of West Hempstead Broncos and others appointed by them. I/We agree to participate in the mandatory fund raising activities of the West Hempstead Broncos.

Signature of Parent/Guardian:_____ Date_____