

**Player Information Sheet
Southern Maryland Youth Football League (SMYFL)**

PLEASE PRINT

Player's Name:		Preferred Name:	
Parent's Names:		Home Phone:	
Email:	Mother Cell:	Father Cell:	
The best way to reach me is:			
I/We, the parent(s) of the above named candidate, authorize SMYFL to publish pictures of my/our child on the local website. Individual pictures or names identifying pictures will not be used.			*****Yes *****No
I/We, the parent(s) of the above named participant of SMYFL, do hereby give my/our approval to participate in any and all SMYFL activities.			*****Yes N/A
I/We, the parent(s) of the above named candidate, know that participation in SMYFL may result in serious injuries, and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless SMYFL, the organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.			*****Yes N/A

Parent or Guardian Authorization: In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).		
Family Physician:		Phone:
Address:		City:
Hospital Preference:		
In Case of Emergency, contact: (someone other than parents)		
Name:	Work Phone:	Relationship to Player:
Home Phone:	Cell Phone:	Pager:
Name:	Work Phone:	Relationship to Player:
Home Phone:	Cell Phone:	Pager:
Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.		

_____	_____
Parent/ Guardian Signature	Date