



**NORTH EDMONTON MINOR FOOTBALL ASSOCIATION**

**PLAYER MEDICAL RELEASE FORM**

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Player's Full Name

Player's Phone Number

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Emergency Contact Name & Phone Number

N.E.M.F.A. would like to keep paper usage to a minimum and correspond with Guardians by e-mail whenever possible. This would include changes to our website, Newsletters, practice changes, Game Schedules, etc. Please provide us with an e-mail address for this purpose.

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Guardian e-mail Address for Updates

**MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there any physical/medical conditions, implants, current medication or allergies that a Trainer or Coach needs to be aware of that could hinder your child while playing full-contact football with our club? If the player has ever suffered a concussion, please indicate the date it happened below and note that a doctor's certificate enabling the player to participate is required.

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Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_