



VITAL INFORMATION

This form must be completed by each athlete and turned in to be able to compete.

Player

Name: _____ Age: ____ **Shirt Size:** _____ **High School:** _____
Address: _____

FATHER

Name: _____
Address if Different: _____
Home Phone: _____ Cell Phone: _____

MOTHER

Name: _____
Address if Different: _____
Home Phone: _____ Cell Phone: _____

Emergency Contact (Other Than A Parent)

Name: _____
Address if Different: _____
Home Phone: _____ Cell Phone: _____

Health Care Provider:

Phone Number:

Policy Number:

The undersigned, _____, who is one of the parents or legal guardians of the above named minor, herein authorize the adult sponsor of Metro Area Lineman Challenge or any responsible adult person bearing this written authorization, to consent to necessary emergency medical care by an attending physician, or others he/she may choose, in case of injury, ingestion, or illness. The undersigned accepts all financial responsibility for necessary treatment and services. This authorization shall remain effective until terminated in writing.

Parent or Guardian's Signature: _____

Date: _____