

Player Information Sheet
Moore Youth Football Association

Player's Name: _____

Coach's Name: _____

Player's Birthdate: _____

Team Name: _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Parent Address _____

Parent Address _____

Parent Email Address _____

Parent Email Address _____

Cell/Home number: _____

Cell/Home number: _____

Work Number: _____

Work Number: _____

We need at least **2** Emergency names and phone numbers other than the parents

Emergency Name _____

Emergency Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Medical Treatment Release
Moore Youth Football Association

This is to certify that I/we, the Parent(s)/Guardians(s), of the below named child hereby grant permission to the adult coaches, and/or field managers to obtain medical care from any licensed physician, hospital, emergency medical technician, or medical clinic for my/our minor child.

This authorization is valid only while the listed player is away from his legal address for the purpose or participating in league activities.

Child's Name

Parent/Guardian(s) Name

Date
