



## West Omaha Wildcats Football Medical Release Form

Player: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone : H \_\_\_\_\_ W \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

### Other Emergency Contact:

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

Relationship to player: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in the West Omaha Wildcats Home School Flag Football program. I understand that in the event that medical treatment is required every effort will be made to contact me. If I cannot be reached, I give permission to the sponsor to give first aid to my child and/or to secure the service of a licensed medical care provider to provide the care necessary, including anesthesia, for my child's well being. I also understand that all medical expenses will be my responsibility. I assume all risk of injury whatsoever and agree to hold harmless Wildcats Football and Brookside Church.

Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

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

Date of last tetanus shot: \_\_\_\_\_

If in Omaha, hospital preference: \_\_\_\_\_

Please list any medical allergies, medications being taken, medical problems, or other pertinent information: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (print) : \_\_\_\_\_

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

*Be on your guard; stand firm in the faith; be men of courage; be strong.  
1 Corinthians 16:13*