Bedford Community Education MEDICAL/EMERGENCY INFORMATION & CONSENT

Player/Participant Name	League/Program		
Program Location/Building	Start Date		
Player/Participant Phone	Cell Phone		
Complete Address	City		StateZip
Mother/Guardian Name	Work/Cell Phone		
Father/Guardian Name	V	Vork/Cell Phone_	
If parents can not be reached, please	list two other adults that may be co	ontacted:	
Name			
Name	Relationship	Phone	
		ANGE	
Coming	FAMILY MEDICAL INSURANCE Group		
Dalley No.	Group _	ID V	
Policy NoFamily Physician Name	Group No	ID N	10
Hospital Preferred		_ Phone	
Please list ALL medical information v			
(allergies, epilepsy, asthma, diabetes,			apervising your clind
(anergies, epilepsy, asunna, diabetes,	near conditions, medications, etc.).	
treatment, x-rays, and immunization injury, I understand that an attempt we necessary for the best interest of the games, or activity classes, an effort transportation to/from health care produced in the games are responsible for ALL extends I have read, understand, and agree to	rill be made by the attending physic child will be given. In the event the will be made to contact the parent oviders. Participants are NOT insuspenses incurred.	cian to contact a pa nat an emergency a or guardian. This ared by Bedford Co	arent or guardian, the treatment arises during league practices, consent includes first-aid and community Education. Parents,
Parent/Guardian Signature	Print Parent/Guardian N	Name	Date Signed
	IMAGE RELEASE		
In consideration of		or child/ward bein	g allowed to participate in any
n consideration of, my minor child/ward being allowed to participate in an way in the Program, related events and activites, the undersigned agrees that			
such participants likeness may be photo promote or publicize the Bedford C	otographed or videotaped and that		
Parent/Guardian Signature	 Print Parent/Guardian N	 Vame	Date Signed

**Please Note: This Medical Consent & Emergency Information is to be in the possession of your child's instructor or volunteer coach for quick reference for first-aid and emergencies. It MUST be completed and turned in prior to your child participating in the league/program.