

MIGHTY MITES, INC. HEALTH EXAMINATION FORM

(TO BE COMPLETED BY PARENT)

Field Location–Please Check One

Player's Name _____

Address _____

City & Zip _____

Parent's Name _____

Meador Nixa

Ewing Rogersville

Ava Sparta

Buffalo Spokane

Fair Grove Strafford

Fordland Willard

I certify that I am the parent or legal guardian of this child.

I certify that this child has no illness, disease, condition or injury that places this child at medical risk to play Mighty Mites full contact football athletic activities.

I certify that I have submitted this child to a thorough medical examination by the physician below and that I have provided a complete medical history to the physician.

The undersigned consents to any and all emergency medical/dental treatment and/or first aid to be administered, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Mighty Mites Youth Football activities requiring such emergency care.

In consideration for allowing my child to participate in the Mighty Mites full contact football program, I am hereby providing a **FULL RELEASE** to Mighty Mites, Inc., The Springfield Park Board, The City of Springfield and all other municipalities, park boards and school districts where the program is conducted and each of their respective agents, employees, officers and directors from all claims, demands, actions, judgments and executions for which the child or undersigned or their heirs, executors, administrators, guardians, conservators or assigns ever had, now has or may have in the future or claim to have. **THIS IS A FULL RELEASE.**

Signature of Parent or Legal Guardian

Date

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(TO BE COMPLETED BY DOCTOR DURING 2011 – M.D., D.O. or D.C.)

I certify that I have examined this individual and that, on the basis of the examination and the individual's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this individual to practice and compete in the Mighty Mites, Inc. full contact football athletic activities.

Weight _____

Physician's Signature _____

Date _____

Physician's Printed Name _____

Phone _____