

**DOWNRIVER JUNIOR FOOTBALL LEAGUE**  
**REGISTRATION**  
**CONSENT FOR MEDICAL TREATMENT**

I, \_\_\_\_\_ parent of \_\_\_\_\_ a  
minor child, hereby voluntarily consent to the administration of such anesthetics and the  
performance of such operations on said minor child as the anesthetist-in-charge and the surgeon-in-  
charge, respectively, may deem necessary, or advise, when said minor child is admitted to any  
hospital or clinic for emergency medical treatment.

MEDICAL CONSENT

\_\_\_\_\_  
**Parent / Guardian**

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League Age \_\_\_\_\_ Weight \_\_\_\_\_ Unit and Team Assignment \_\_\_\_\_

Number of Previous Seasons of Participation \_\_\_\_\_

I have examined the birth record of this child and find it accurate as indicated.

\_\_\_\_\_  
Registrar

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REGISTRATION  
INFORMATION

I have examined this child and it is my considered opinion that he / she does not  
have any physical defect or impairment which will prevent him / her from  
participating in the sport of football or cheerleading.

**Name and Address of Physician**

Signed \_\_\_\_\_

**Examining Physician**

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN  
AUTHORIZATION