



Player Information, Primary Contacts, Medical & Media Consent Form

	<<Enter Current Season, e.g., 2018-19
	<<Player Last Name
	<<Player First Name
	<<Current Season Team, e.g., PeeWee B or 8u Red

Primary Contact First and Last Name:	
Primary Contact Phone Number: (preferably cell)	
Primary Contact Relationship to Player:	
Secondary Contact First and Last Name:	
Secondary Contact Phone Number: (preferably cell)	
Secondary Contact Relationship to Player:	
Additional Comments, if any:	

List known allergies for your player ONLY if you feel they are important for coaches or team representatives to know in the event of an emergency. Enter "None" if no allergies to report or you don't feel they are relevant.

1. _____
2. _____
3. _____
4. _____
5. _____

List current medications for your player ONLY if you feel they are important for coaches or team representatives to know in the event of an emergency. Enter "None" if no current medications to report or you don't feel they are relevant.

1. _____
2. _____
3. _____
4. _____
5. _____

Provide significant medical history for your player ONLY if you feel they are important for coaches or team representatives to know in the event of an emergency. Enter "None" if no current medications to report or you don't feel they are relevant.

1. _____
2. _____
3. _____
4. _____
5. _____



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Player wears corrective lenses (circle one):

Yes No

Consent to Treat

In the event of an emergency, I authorize WYHA officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary my child's immediate care which may include ambulance transportation for any injury that could arise from participation in the Activity and agree that I will be responsible for full payment of any and all medical services rendered.

Consent to Treat Acknowledgement

Parent or Guardian First and Last Name providing consent

Print: _____ Sign: _____

Date of Acknowledgement (MM/DD/YYYY): _____

Media Release

I give permission for my or my child's picture(s) and name to be published in WYHA publications, videos, websites, brochures, etc. I give permission for my or my child's name to be published on the WYHA website. I give WYHA permission to issue press releases to media sources concerning me or my child. I hereby grant permission to use any and all photographic imagery and video footage taken of me or my child, without payment or any other consideration. I understand that such materials may be published electronically or in print, or used in presentations or exhibitions.

Consent to Treat Acknowledgement

Parent or Guardian First and Last Name providing consent

Print: _____ Sign: _____

Date of Acknowledgement (MM/DD/YYYY): _____