Ohio Valley Elite Football Club

Parent Night Out

Registration Form

Child's Information:

_____ _____ _____

First Name **Middle Name** **Last Name**

_____ _____ _____

Birth Date (Month/Day/Year) **Age** **Gender**

Contact Information:

_____

Father's Name

_____ _____

Phone Number **E-mail**

_____

Mother's Name

_____ _____

Phone Number **E-Mail**

_____ _____

Emergency Contact **Phone**

Any Special Request: _____

(Special Requests Are Not Guaranteed)

SIGNATURE (Parent/Guardian) _____**Date**_____

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Parent Night Out

Medical Information and Release Form

Child's Name _____D.O.B_____

Father's Name_____ Home Phone_____

Email _____Work Phone_____

Mother's_____ Home Phone_____

Email_____ Work Phone_____

Emergency Contact_____ Phone_____

MEDICAL INFORMATION:

Family Physician's Name_____

Address_____ Phone_____

Allergies and/or Medical Conditions (list):_____

_____

Medications (list):_____

_____

Date of last Tetanus Toxoid Booster_____

Date of last physical examination_____

I/We hereby grant consent to any and all health care providers to administer any necessary medical care as a result of injury/illness. This consent includes First Aid and transportation to/from health care providers.

Father's Signature_____ Date_____

Mother's Signature_____ Date_____