



Higley Freshmen Football Summer Program

May 30th-August 3rd, 2012

Days: Monday, Wednesday and Friday

Time: 7-9am Fee: \$100

Payment due NO LATER than June 1st. Full payment must be made for player to participate. No exceptions.

Any questions, please contact Coach Zubey at 480-277-5569

Medical Information and Disclaimer

Name _____ Grade **9**

Student has a health problem. Explain: _____

Student has allergies to food, medication or insect bites. Specify _____

I grant permission for Tylenol to be administered if needed. yes no

Family Physician _____ phone _____

*In case of an emergency and we are unable to contact you, permission is given to take your child to your family doctor, or to any accredited physician or hospital

Disclaimer: I (We) the undersigned parent, parents or legal guardian of _____ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of a member of the emergency room medical staff licensed under the provisions of the Medicine Practice Act or Dental Licensed under the provisions of the Dental Practice Act and the staff of any acute general hospital holding a current license to operate. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. It is also understood that the undersigned will be liable for any and all cost incurred in the treatment of the minor.

Signature _____ Date _____

***Turn form and payment in to District Office starting 2/1/2012.
Please make checks payable to HUSD #60.***