

CUMC Indoor Flag Football Registration & Medical Form

Covenant United Methodist Church Recreation Ministry

(PLEASE PRINT Information)

D.O.B. _____

Name _____

Address _____ City _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

Email Address _____

Alternate Emergency name and number:

Name _____ Phone # _____

Medical Profile

Name & dosage of any medications that can or must be taken _____

Pre-existing or present medical conditions? _____

Any known allergic? (food) _____ (medicines) _____

Hay fever Heart Condition Diabetes Insect Stings

Asthma Frequent Stomach Upsets Physical Handicap

Any Major illness during past year Epilepsy/Nervous Disorders

If any of the above is checked, please include routine means of treatment. _____

Medical Release & Permission

I, do hereby give Covenant United Methodist Church and its representatives permission to administer minor medical attention to me should the need arise. I also release the said institution of all liabilities.

Signature _____ Date _____

In order to be on a team THIS SHEET ALONG WITH YOUR \$15 REGISTRATION FEE will have to be turned into the Director of Recreation by **Sunday, September 12, 2010.**