



**2020 Midwest Youth Elite Football Conference  
Participation Contract**

**Player Photo**

**Personal Information**

Athletes Name: \_\_\_\_\_ Nick Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Family Medical Insurance**

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt \_\_\_\_\_

Allergies \_\_\_\_\_

Serious Medical Condition: \_\_\_\_\_

I/we hereby grant consent to any and all care providers designated by MYEFC to provide  
(child's name) \_\_\_\_\_, my child, any necessary medical care as a result of  
any injury/illness

This consent includes first aid and transportation to/from health care providers.

Date: \_\_\_\_\_ Guardians Signature \_\_\_\_\_