

**TAMPA BAY SPRING FOOTBALL LEAGUE**  
**2025-2026 YOUTH PARTICIPANT MEDICAL HISTORY FORM**

**Special Note:** This form must be completed thoroughly and honestly, and signed by the youth participant's parent or legal guardian. It is to be completed and dated after January 1, 2025. This form applies to the 2025 Fall – 2026 Spring season and needs to be submitted to your LOCAL Tampa Bay Spring Football League organization. This form and its contents will be available to authorized Tampa Bay Spring Football League personnel and kept confidential. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

**Section I: TAMPA BAY SPRING FOOTBALL LEAGUE AFFILIATION**

Association: \_\_\_\_\_

**Section II: YOUTH PARTICIPANT INFORMATION (must match birth certificate)**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male ☐ Female ☐ Sport: Football ☐ Cheer/Dance ☐

**Section III: PRIMARY AND SECONDARY CONTACT**

*Primary Contact: Parent or Guardian*

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*Secondary Contact:*

Last: \_\_\_\_\_ First: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Section IV: INSURANCE INFORMATION**

Primary Insurance Company: \_\_\_\_\_ Primary Group/Policy #: \_\_\_\_\_ / \_\_\_\_\_

Does primary insured have Medicaid? Yes ☐ No ☐ Does primary insured have Medicare? Yes ☐ No ☐

Family Doctor Name: \_\_\_\_\_ Doctor Phone No: \_\_\_\_\_

**Section V: MEDICAL HISTORY OF THE YOUTH PARTICIPANT**

Please identify and elaborate on any medical conditions which we should be aware (if none, write none):

\_\_\_\_\_