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

Please list any medications currently being taken (if none, write none):	
In the past 24 months, has the participant been tested, diagnosed and/or treated for If yes, provide the specific date and detail on the diagnoses/treatment and the outco	
List any known allergies (if none, write none):	· · · · · · · · · · · · · · · · · · ·
Date of last Tetanus Toxoid Booster: The purpose of the above information is to ensure that medical personnel have details of any issues which	h may interfere with or alter medical treatment
Section VI: PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE	irmay interiore with or alter medical realizations.
Recognizing the possibility of serious injury, illness or death, and in consideration for its members accepting my child as a participant in its official programs, I consent to a Spring Football League tackle football, flag football, cheer and / or dance. Further, I have indemnify Tampa Bay Spring Football League, its member organizations and sponso personnel, and volunteers, including the owner of fields and facilities utilized for the I behalf of my child as a result of participating in the Tampa Bay Spring Football League	my child participating in Tampa Bay nereby release, discharge, and otherwise ors, their employees, associated Programs, against any claim by or on
My child has received a physical examination by a licensed health care provider with physically capable of participating in the sport of football and/or cheerleading & dance submitted in conjunction with this release and attached hereto, setting forth any special addition to what is specified above, that my child has or that may impact my child's processent to have an athletic trainer and/or licensed health care provider, including a rewith medical assistance and/or treatment and agree to be financially responsible for assistance and/or treatment.	ce. I have provided written notice, which is cific issue, condition, or ailment, in participation in the programs. I give my medical doctor or dentist, provide my child
Signature of Parent/Guardian:	Date: