



GMSFYC
INC.

Greater Miami and South Florida, Youth and Community Inc. Participant Intake Form

Participant Information:

Last Name: _____ First Name: _____

D.O.B. _____ Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

Phone: _____ Emergency contact: _____

Phone: _____

I (We) _____ hereby acknowledge that it is our responsibility to inform my child’s coach and organization officials in writing of any the medical condition of my child. I (We) also understand that it’s our responsibility to obtain written permission from my child’s physician on official medical stationary in order for my child to participation.

Medical Release:

I (We) _____ hereby grant consent to any and all health providers designated by the Greater Miami and South Florida, Youth and Community Inc. to provide my (our) child _____ any necessary medical care as a results of an injury/illness. This consent includes first aid, transportation to health care providers.

Parent/Guardian Name Print: _____

Signature: _____ Date: _____

- {Tackle-FB} {Track} {Flag-FB} {Cheer} {Dance} {Y.O.D.} {Photo-Club}
- {Baton Club} {Martial Arts} {Track & Field}