

Mundelein High School
Powder Puff Football Clearance Form

Student's Full Name: _____ Student ID #: _____

Address: _____

Parent Contact Numbers: Mother: _____

Father: _____

Emergency Contact (full name): _____

Phone: _____

Family Physician (full name): _____

Phone: _____

I _____ give permission for my daughter _____ to participate in the Powder Puff Football program at Mundelein High School. I/We are aware that potential injury could occur as a result of participation and in the event I/We cannot be reached by phone, I/We give permission to allow medical personnel to provide the proper treatment.

Signature of Parent/Guardian

Date

Signature of Student

Date

This form MUST be turned into your coach before you are allowed to practice/play.