



Emergency Treatment & Photo Consent Form

The following form is to give Harleysville Eagles Football information and permission to treat your child in case of an emergency if you cannot be reached in a reasonable amount of time. This form must be completed before your child will be permitted to practice. The Coach will carry this form to all games.

Name: _____ Date of Birth: _____
(Child's full name)

Address: _____

Parent/Legal Guardian Name(s): _____

Phone: _____ Email: _____
(home/cell)

If I cannot be reached at the above number, please contact on my behalf:

Name: _____ Phone: _____

Please list relationship to child: _____
(Grandparent, etc.)

I, (parent, legal Guardian) give my permission for emergency diagnosis and treatment of my child. If such treatment is felt appropriate by the coach or Harleysville Eagles personnel. Diagnosis and treatment may be given by the nearest medical or emergency treatment facility.

Family Doctor is: _____ Phone: _____

PARENT/LEGAL GARDIAN SIGNATURE: _____

Car Insurance Carrier: _____

Policy Number: _____ Expiration: _____

Health Insurance Carrier: _____

Policy Number: _____ Expiration: _____

Photo Consent

I, (parent/legal guardian), give HEYA permission to display pictures of my child/children for both use on their website, social media including but not limited to Facebook and/or to submit to local news for marketing purposes. I understand all pictures of my child submitted to HEYA become the property of HEYA. I do not hold HEYA responsible for any unauthorized download or distribution of said photos.

Child's Name: _____ Age: _____

Parent Signature: _____ Date: _____