



**2021**  
**FLORIDA ELITE**  
**FOOTBALL IDENTIFICATION CARD**



**ATHLETE NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**AGE (as of July 1, 2021):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_ **GRADE (2021 school year):** \_\_\_\_\_

**ROOKIES** ☐

**FRESHMAN** ☐

**SOPHOMORE** ☐

**JUNIOR** ☐

**SENIOR** ☐

**ATTACH  
PHOTO  
HERE**

**MUST BE INITIALED/SIGNED BY AUTHORIZED LEAGUE OFFICIAL**

**REGULAR SEASON GAMES**  
**POST SEASON: PLAYOFF/SUPERBOWL**

Week	Present	Absent	Initials/Signature	Date	Week	Present	Absent	Initials/Signature	Date
JAM					8				
1					9				
2					10				
3					11				
4					12				
5					13				
6					14				
7					15				



## FLORIDA ELITE FOOTBALL MEDICAL RELEASE FORM



As the parent/legal guardian of \_\_\_\_\_,

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctor of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of players Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Known allergies of this player, including any allergies to medicine: \_\_\_\_\_

Any other medical problems which should be noted: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

.....  
STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing document was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Type of ID Produced and ID Number