DOMENY FOOTBALL

Credit Card Authoraization Form

I need to: Select

Player Name*

Gurdian's Name*

Gurdian's Date of Birth*

Gurdian's Phn No*

Gurdian's Email*

Payment Details

How Would You Like To Payment?

Monthly Payment | Pay Remaining Balance

Card Number* EXP- CVV

Name Of Card*

Biling Address*

City* State* Zip*

I, authorize payment to be drafted on the card above.

Yes, I am authorize.

Signature* Date*

MERIT PERSONAL SUPPORTS
333 W. Alfred Street Unit 4
Tavares, FL 32778

Form 409V

Main office phone- (352) 508-1143
Office fax - (888) 979-6004
Office On-call - 352 818 7588

PERSONNEL PHYSICIAL EXAMINATION REPORT

Individual's Name:

Address:

EXAMINATION RESULTS:

Based on an examination, the above-named individual is in reasonably good health and does not appear to be at risk of transmitting communicable diseases.

EXAMINER'S ADDITIONAL COMMENTS:

Examiner's Signature and Credentials Date

Examiner's Name:

Phone number: ( )

****

If examiner is a Non-Physician Practitioner, provide the supervising physician's information.

Supervising Physician's Name:

Last Telephone number: ( )

Address:

Supervising Physician's Signature:

Date:

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