

YAEFL

Weight: _____ lbs Date: _____

Weight: _____ lbs Date: _____

MEDICAL AND PHYSICAL RELEASE FORM

Participant's Name: _____ Date of Birth: _____

I/We, the parent/guardian (s) of the above named participant, realize that he/she will be involved in contact football or cheerleading where injury may occur.

Parent/Guardian Signature

Date

Medical Concerns or Physical Limitations:

CONSENT TO TREATMENT OF MINOR PLAYER

I/We, the parent/guardian, hereby authorize any necessary medical treatment for _____, while in the care of the coaches and directors of the YAEFL, for the practice and/or games of the 2016 football season.

I certify _____ is covered by medical insurance, and said insurance will be maintained while the above named child is active throughout the YAEFL 2016 season.

INSURANCE PROVIDER: _____

POLICY NUMBER: _____

Signature of Parent/Guardian

Date

Witness

Date

PHYSICIAN'S CERTIFICATION

(to be completed by licensed medical doctor)

I hereby certify that I have examined _____, and have found the above named participant to be physically fit to engage in contact football or cheerleading.

Physician's Name

Physician's Phone #

Physician's Signature

Date