



FOR LEAGUE USE ONLY

Team: _____	
Player's Name: _____	
Weight: _____ lbs	Date: _____
Weight: _____ lbs	Date: _____

Medical Form and Release

Player's Name: _____ Birth Date: _____

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

Signature of Parent or Legal Guardian:

Date:

Medical Concerns or Physical Limitations:

Consent to Treatment of Minor Player

I/We being the custodial parent(s) guardian, hereby authorize any necessary medical treatment for _____ while in the care of the coaches and Directors of the YAEFL for practice and/or games of the 2017 Football Season.

I certify _____ is covered by health and accident insurance and such insurance will be maintained while the said child is active in the 2017 YAEFL program.

Insurance Provider: _____

Policy Number: _____

Signature of Parent or Legal Guardian:

Date:

Witness:

Date:

Physician's Certification (To be completed by licensed medical doctor)

I hereby certify that I have examined _____
(Player's Name -Please Print)
and have found the above named player physically fit to engage in contact football.

Phone

Physician Name

Date

Physician Signature