

# Monroe Youth Football Association Medical Release Form

Date of Physical \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Participants Legal Name  
(MUST MATCH BIRTH CERTIFICATE)

Last \_\_\_\_\_ First \_\_\_\_\_

I hereby certify that I have examined the above named participant on the above date. I understand that they will be involved in the Monroe Youth Football Association Football or Cheerleading program.

Please check one:

\_\_\_\_\_ The athlete can participate in the 2014 season.

\_\_\_\_\_ The athlete cannot participate in the 2014 season

Please list any medical conditions and/or medication M.Y.F.A. should be made aware of:

\_\_\_\_\_

Age of child as of 5/1/2014: \_\_\_\_\_ Weight of child \_\_\_\_\_

Doctor's Signature:

\_\_\_\_\_

## PLEASE PRINT OR USE A STAMP

Doctor's Name: \_\_\_\_\_

Affiliate \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_