

Tualatin Valley Youth Football MEDICAL RELEASE

I hereby release _____ to play TACKLE FOOTBALL for the Fall football season.
(Print Player's Name)

List any Allergies or Other Medical Condition: _____

Doctor/ Nurse Practitioner Name (please print) _____

Doctor/Nurse Practitioner SIGNATURE _____

Doctor/ Nurse Practitioner Phone _____

*NOTE: This form needs to be physically signed by a Doctor or Nurse Practitioner!! A stamped signature will NOT be accepted. This form must be turned into the appropriate football league BEFORE player can receive any equipment and participate in practice. A fax or copy of the original will be accepted.

Date _____ (This form must be signed after February 1st)

I understand all of the above information to be accurate. I, as parent/guardian of said player/minor hereby give permission for said minor to participate in any and all activities sponsored by Tualatin Valley Youth Football.

Parent / Guardian (Please Print) _____

Parent / Guardian Signature _____

Date _____