

# 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 or Cheerleading program.

Please check one:

The athlete can participate in the 2010 season.

The athlete cannot participate in the 2010 season.

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

\_\_\_\_\_

**Age of child as of 5/1/2010:** \_\_\_\_\_ **Weight of child** \_\_\_\_\_

Doctor's Signature:

\_\_\_\_\_

## PLEASE PRINT OR USE A STAMP

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

Affiliate: \_\_\_\_\_

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

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