

Tualatin Valley Youth Football
MEDICAL RELEASE FOR TACKLE FOOTBALL

I hereby release _____
to play TACKLE FOOTBALL during upcoming fall football season.

List any Allergies or Other Medical Condition: _____

Doctor/ Nurse Practitioner Name (please print) _____

Doctor/Nurse Practitioner Signature * _____

*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.

Doctor/ Nurse Practitioner Phone _____

Date * _____

*NOTE: This form must be signed after February 1st, this current year.

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 League.

Parent / Guardian (please print) _____

Parent / Guardian (signature) _____

Date _____