



JDYFL MEDICAL RELEASE

PLAYERS NAME: _____ DOB: _____

I hereby certify that I am a licensed State examiner and have examined the above named individual and understand that he/she will be involved in participating in Jefferson District Youth Football. I hereby swear and attest that this individual is physically fit and I have found no Medical reason, which would prevent this individual from safely participating in Jefferson District youth football activities for the upcoming season. I am therefore clearing this individual for athletic participation without limitation in full contact tackle football.

SIGNED: _____ DATE: _____

EXAMINERS PRINTED NAME: _____

Please indicate medical profession (MD, DO, RN etc)

Place medal stamp or address below:
