



**JDYFL 2016
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 2016 season. I am therefore clearing this individual for athletic participation without limitation in full contact tackle football.

Signed: _____ **DATE:** _____

EXAMINERS NAME PRINTED: _____

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

Place medal stamp or address below:
