

# Monroe Youth Football Association Medical Release Form

Date of Physical \_\_\_\_\_/\_\_\_\_\_/2008

Participants Legal Name  
(MUST MATCH BIRTH CERTIFICATE)

Last \_\_\_\_\_ First \_\_\_\_\_

Middle \_\_\_\_\_

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 2008 season.

\_\_\_\_\_ The athlete cannot participate in the 2008 season.

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

\_\_\_\_\_  
—  
\_\_\_\_\_

—  
**Age of child as of 5/1/2008:** \_\_\_\_\_ **Weight of child** \_\_\_\_\_

Doctor's Signature:

\_\_\_\_\_  
**PLEASE PRINT OR USE A STAMP**

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

Affiliate \_\_\_\_\_

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

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