

LOWER LOUDOUN BOYS FOOTBALL

Release / Return to Action Form 2015 Season

If a coach or league official reasonably suspects that my child has suffered a injury, they will be removed from any further football related activities and will not be allowed to return until the parent has provided a signed medical release statement and parent release before the player is allowed to participate in further activities, conditioning, practices or games in the Lower Loudoun Boys Football League (LLBFL).

Player
Name: _____ Team _____
(Printed)

LICENSED MEDICAL CONSENT & RELEASE

I hereby grant permission for the below named player to participate in all activities, practices and games in the Lower Loudoun Boys Football League. It has been determined through proper, complete medical evaluation and treatment that the aforementioned player is safe to return without restrictions.

I am qualified to grant the return of the aforementioned player as a Licensed Health Care Professional physician or licensed practitioner under the direct supervision of a physician, PA-C or APRN.

Signature: _____ Date: _____

PARENT OR GUARDIAN CONSENT & RELEASE

I, the parent or guardian of the below named player for the Lower Loudoun Boys Football League, hereby give approval for his/her return to all football related activities, including practices and games. By signing, I hereby agree that my son or daughter, playing in the Lower Loudoun Boys Football League, has been properly assessed, diagnosed and treated by the above named medical professional and give my permission for their unrestricted return to football/cheerleading.

Signature: _____ Date: _____

Signed and completed forms must be returned to the Lower Loudoun Boys Football League office prior to the player returning to any football related activities.