

**** DO NOT MAIL ****

**COMPLETE THIS FORM AND BRING TO THE EQUIPMENT PICK-UP (Tackle & Cheer)
NO EQUIPMENT WILL BE HANDED OUT TO ANY PLAYER WITHOUT THIS FORM COMPLETED, SIGNED AND
STAMPED by your child's physician**



Darien Junior Football League
Medical Form & Doctor Certification
(Must be completed for all Tackle and Cheer programs)

Player's Name _____ Grade (Fall 2018) _____

School (Fall 2018) _____ Weight _____

DOCTOR CERTIFICATION

I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT TO
PARTICIPATE IN (CHECK ONE): TACKLE FOOTBALL CHEERLEADING ACTIVITIES.

ADDITIONAL COMMENTS:

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S NAME _____

Physicians STAMP (Only Physician STAMP will be accepted along with signature)

Important: This medical form must be completed and handed in at equipment pickup—no exceptions. Until the form is received, your child will be prohibited from practicing or playing in any games or jamborees.