

New Milford Wrestling Association
Medical Release Form

I _____ M.D., examined

_____ (Wrestler's Full Name) on

_____ (Date) and find him/her physically fit to participate in the New Milford Wrestling Association's 2017-2018 season.

Doctor's signature

Date

Are there any special medical conditions/Allergies that the coaches should be aware of? If so, please provide clear details:
