

**\*\* 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**



***Stamford Youth Foundation 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:**

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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.

