Niagara Falls Jr. Football Club Medical Release Form

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		SPORTS MEDIC	CAL RELEASE	
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	Name:	M. Marian Ma		_
	Address:			
	Phone numbers			-
	Home:	Work:	Cellular:	
	Date of Birth:	Birthplace:	Sex:	
	DATE OF PHYSICAL EXAM			
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	Doctor's Name :	Phone Number Ac	ddress	
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