

# Tualatin Valley Youth Football

## **MEDICAL RELEASE FOR FLAG FOOTBALL**

I hereby release \_\_\_\_\_  
to play FLAG FOOTBALL during upcoming fall football season.

List any Allergies or Other Medical Condition:

---

---

---

Doctor/ Nurse Practitioner Name (please print): \_\_\_\_\_

Doctor/Nurse Practitioner Signature \* \_\_\_\_\_

\*NOTE: This form needs to be physically signed by a Doctor or Nurse Practitioner. A stamped signature will NOT be accepted.

This form must be turned into the appropriate football league BEFORE player can receive any equipment and participate in practice. A fax or copy of the original will be accepted.

Doctor/ Nurse Practitioner Phone : \_\_\_\_\_

Date \* \_\_\_\_\_

\*NOTE: This form must be signed after February 1<sup>st</sup>, this current year.

---

I understand all of the above information to be accurate. I, as parent/guardian of said player/minor hereby give permission for said minor to participate in any and all activities sponsored by Tualatin Valley Youth Football League.

Parent / Guardian (please print) : \_\_\_\_\_

Parent / Guardian (signature) : \_\_\_\_\_

Date \_\_\_\_\_