

*Goldbacks Youth Football & Cheer  
League P.O. Box 10221  
Newburgh, NY 12550*

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Player's Date of Birth: \_\_\_\_\_

**MEDICAL APPROVAL AND RELEASE**

All football players and cheerleaders are required to have either note from their doctor or this form completed by their doctor in order to participate in the program. All medical and release forms must be in by August 1st, 2021.

**FOOTBALL PLAYER OR CHEERLEADER INFORMATION**

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent Authorization:** I/We know that participation in Youth Football/Cheerleading may result in injury to my/our child. Protective equipment does not prevent all injuries to player. In case of emergency, if family physician cannot be reached, I hereby authorize \_\_\_\_\_ to be treated by another physician who is available.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Legal Guardian)

**BOTTOM PORTION TO BE COMPLETED BY PHYSICIAN**

Name of Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_

In my opinion \_\_\_\_\_ is physically able to participate in football or cheerleading for the 2021 season.

Date: \_\_\_\_\_ Examining Physician \_\_\_\_\_

Physician Stamp

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