



PARTICIPATION RELEASE FOR FLAG FOOTBALL

TUALATIN VALLEY YOUTH FOOTBALL LEAGUE

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

Name: _____ Date of birth: _____

Age: _____ Grade: _____ School: _____

Medicines, Medical Conditions and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking and any Medical Conditions.

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Foods Stinging Insects

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 the Tualatin Valley Youth Football League. Please maintain a copy of this form for your records.

Name of Parent/Guardian (print/type): _____ Date: _____

Signature of Parent/Guardian: _____