

York-Adams Elementary Football League

Physician's Release

Child's name _____
Street Address _____
City, State, & Zip _____
Phone: _____
Team: _____

Birthdate ____ / ____ / ____
Age today _____
Weight (lbs.) _____
Height (inches) _____
Blood Pressure _____
Date _____

_____ has been examined by
me and I hereby certify that he/she has passed her physical
examination. Comments: _____

Physician's signature