



PLAYER MEDICAL RELEASE
2019 Season

Organization Name: _____ Date of Birth: _____
Team: Smurf Peewee Pony Midget Player: New Returning
First Name: _____ Last Name: _____
Address: _____
City: _____ State: **PA** Zip Code: _____
Parent/Guardian: _____
Phone: _____ Email: _____

Physician Statement

I, _____ (print name), examined the above-named player and determined him/her to be in good health and able to participate in the normal activities of youth football (flag or contact). If there are any known conditions, illnesses or injuries, I have attached proper documentation.

(Physician signature) (Date)

Practice Name: _____

Contact Name: _____ Phone: _____

Administrative Use Only
Player Medical Form Received - Date: _____
