

**Mount Laurel Youth Football Association Inc.
Medical Release Form**

(FORM MUST BE RETURNED COMPLETED PRIOR TO PARTICIPATION)

Participants Name _____

Address _____

Date of Birth _____ Phone # _____

Doctors Name _____ Phone # _____

In case my child becomes ill or injured and I can not be contacted, please call:

NAME _____ Phone # _____ Relationship _____

Medical conditions or Physical limitations: _____

DOCTORS RELEASE

The above child has been examined by me and is physically fit to participate in the Mount Laurel Youth Football Association's program.

_____ Physicians Signature/Date

_____ Parent/Guardian Signature

This form must be completely filled out and returned to Head Coach prior to child being eligible to participate in Program