

**Port Jervis Youth Football League Inc. (PJYFL)**

P.O. Box 3115 Port Jervis, N.Y. 12771

Web site: [www.pjyfl.com](http://www.pjyfl.com)

**Medical Release Form**

All football players and cheerleaders need this form to be completed by a doctor to participate in the program. The completed Medical Release Form must be returned to PJYFL by July 15<sup>th</sup> of the current season. The form must be dated after January 1<sup>st</sup> of the current year. A dated form from the previous year will not be accepted.

**Orange County Youth Football League Rule:**

No child will be allowed to practice without this form completed or a note from a doctor giving your child permission to practice football or cheerleading for the current season.

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**FOOTBALL/CHEERLEADER INFORMATION**

Players Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Division: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Physical or Emotional Concerns: \_\_\_\_\_

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**This child is in good health and may participate in Football/Cheerleading.**

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Stamp: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_

PJYFL/OCYFL SEASON: \_\_\_\_\_