



**Fairfield Youth Football, Inc.
Tackle, Flag & Cheer
Medical Form & Doctor Certification**

Player's Name _____
School (Fall 2019) _____ **Grade (Fall 2019)** _____
Date of Birth _____ **Weight** _____

I HAVE EXAMINED _____ **AND FIND HIM/HER**
PHYSICALLY FIT TO PARTICIPATE IN TACKLE OR FLAG FOOTBALL
ACTIVITIES. ADDITIONAL COMMENTS:

PHYSICIAN'S SIGNATURE _____ **DATE** _____
PHYSICIAN'S NAME _____
PRINT OR STAMP

MEDICAL INFORMATION (to be completed by parent)

Allergies Yes ___ No ___ if yes, what _____

Medication _____ **Chronic**

Conditions Yes _____ No _____ if yes, what _____

Important: This form must be signed by a physician after 11/1/18 and turned in to your coach on the first day of practice. Players will not be permitted to practice without submitting this form. DO NOT MAIL