



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

Player's Name _____ Weight _____

Spring Flag Program:

All Fall Programs:

Grade (Fall 2019/20): _____

Grade (Fall 2020/2021): _____

School (Fall 2019/20) _____

School (Fall 2020/2021) _____

I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN TACKLE FOOTBALL, FLAG FOOTBALL OR CHEERLEADING ACTIVITIES.

ADDITIONAL COMMENTS: _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S NAME _____ PHONE NUMBER: _____

PRINT OR STAMP

MEDICAL INFORMATION (to be completed by parent)

Allergies Yes _____ No _____ if yes, what _____

Medication _____

Chronic Conditions Yes _____ No _____

if yes, what _____

EMERGENCY CONTACT INFORMATION:

1) PRIMARY CONTACT: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

2) ALTERNATE CONTACT: _____ RELATIONSHIP: _____

CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

IMPORTANT: HOLD THIS FORM - DO NOT MAIL
FYF Medical Form must be hand delivered at First Practice.
Players will not be permitted to practice without submitting this form.