

# FARMINGDALE YOUTH FOOTBALL LEAGUE, INC.

## 2012 MEDICAL RELEASE FORM

### PLAYER INFORMATION

Organization Name \_\_\_\_\_ Division Age \_\_\_\_\_  
Player Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
School Attending \_\_\_\_\_ School District # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact Phone Day \_\_\_\_\_ Evening \_\_\_\_\_  
\_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

### CONSENT OF PARENT OR GUARDIAN

I HEREBY CERTIFY that I am the legal parent or guardian of the above named player. I have been informed of the nature and purpose of the Farmingdale Youth Football League (FYFL). I understand that my child will participate in full contact tackle football under adult supervision. I consent to my child participating in any and all activities associated with playing football in the FYFL including being transported to and from any and all games and practices. I assume any and all risk and hazard associated with my child's participation in the FYFL football program. I hereby release, indemnify, and hold harmless the FYFL and its member organizations, coaches and officials from any liability whatsoever for any injury which may result from my child's participation in FYFL activities. I certify that my child is physically fit to participate in full contact tackle football. I agree to not allow my child to participate at any time that he or she is not physically capable.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

### PHYSICIAN'S CERTIFICATION

I HEREBY CERTIFY that \_\_\_\_\_ was examined by me on the below date. There is no contra-indication to participation in any sport, including tackle football.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### PHYSICIAN'S STAMP

### DIRECTOR'S APPROVAL

I HEREBY CERTIFY that information above is true and correct to the best of my knowledge. The named player is eligible in all respects to play for our organization at the stated age level.

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

### FYFL APPROVAL

The birth records of the above named player have been examined, and he or she is eligible in all respects to participate in the FYFL football program for the 2010 season

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date