

Tualatin Valley Youth Football 2008  
**MEDICAL RELEASE**

I hereby release \_\_\_\_\_  
to play TACKLE FOOTBALL for the Fall 2008 football season.

List any Allergies or Other Medical Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor/ Nurse Practitioner Name (please print) \_\_\_\_\_

Doctor/Nurse Practitioner **SIGNATURE**\* \_\_\_\_\_

Doctor/ Nurse Practitioner Phone \_\_\_\_\_

Date \_\_\_\_\_ (This form must be signed after February 1<sup>st</sup>, 2008)

\*NOTE: This form needs to be physically signed by a Doctor or Nurse Practitioner. A stamped signature will NOT be accepted. This form must be turned into the appropriate football league BEFORE player can receive any equipment and participate in practice. A fax or copy of the original will be accepted.

\_\_\_\_\_  
I understand all of the above information to be accurate. I, as parent/guardian of said player/minor hereby give permission for said minor to participate in any and all activities sponsored by Tualatin Valley Youth Football League.

Parent / Guardian (please print) \_\_\_\_\_

Parent / Guardian (signature) \_\_\_\_\_

Date \_\_\_\_\_