

**Tualatin Valley Youth Football**  
**MEDICAL RELEASE FOR TACKLE FOOTBALL**

I hereby release \_\_\_\_\_  
to play TACKLE FOOTBALL during upcoming fall football season.

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

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

Doctor/Nurse Practitioner Signature \* \_\_\_\_\_  
\_\_\_\_\_

\*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.

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

Date \* \_\_\_\_\_

\*NOTE: This form must be signed after February 1<sup>st</sup>, this current year.

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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 \_\_\_\_\_