

Cypress Youth Football Drill Team Alliance
Medical Release Form 2008

Date of Physical _____/_____/2008

Participants Legal Name
(MUST MATCH BIRTH CERTIFICATE)

Last: _____ First: _____ Middle: _____

Booster Club Team Name _____ Division: JD SD FR SO JR SR

I hereby certify that I have examined the above named participant on the above date.

I understand that he/she will be involved in the CYFDTA youth tackle football or cheerleading (drill team) program.

Age of child as of 6/1/2008: _____ Weight of child: _____

Please check one:

The participant can participate in the 2008 season.

The participant can not participate in the 2008 season.

Physician's signature: _____

Parent's signature (optional): _____

PLEASE PRINT OR USE A STAMP

Physician's Name: _____

Affiliate: _____

Address: _____

City: _____

Phone: (_____) _____ - _____

(OFFICE STAMP HERE)

**MEDICAL EXAMINATIONS MUST BE DATED
AFTER JANUARY 1 OF THE CURRENT YEAR**