



Football & Cheerleading

DOCTORS MEDICAL RELEASE FORM

Medical Release

Date: _____

Based on recent physical and past medical history, I release _____ to participate in the Grant Jr. Bulldogs Football/Cheerleading without any restrictions.

Please be aware of the following conditions, e.g. asthma, diabetes, etc.

Sincerely,

Physicians Signature

Please stamp with office stamp.

Office Stamp

Date

Physician's Address (no Stamp)

This release must be completed and turned in to the Director of Registration of the Grant Jr. Bulldogs prior to the start of practice. This dates varies between football and cheerleading. Without medical release your child can not begin practicing.