

Newburgh Steelers Youth Football League

PO Box 1

Newburgh, NY 12550

Emergency Contact: _____

Emergency Contact Phone Number: _____

Player's Date of Birth: _____

MEDICAL APPROVAL AND RELEASE

All football players and cheerleaders are required to have either note from their doctor or this form completed by their doctor in order to participate in the program. All medical and release forms must be in by August 1st, 2022.

FOOTBALL PLAYER OR CHEERLEADER INFORMATION

Player Name: _____

Address: _____

Parent Authorization: I/We know that participation in Youth Football/Cheerleading may result in injury to my/our child. Protective equipment does not prevent all injuries to player. In case of emergency, if family physician cannot be reached, I hereby authorize _____ to be treated by another physician who is available.

Date: _____ Signed: _____
(Parent or Legal Guardian)

BOTTOM PORTION TO BE COMPLETED BY PHYSICIAN

Name of Physician: _____

Phone Number: _____

Allergies: _____

Comments: _____

In my opinion _____ is physically able to participate in football or cheerleading for the 2022 season.

Date: _____ Examining Physician _____

Physician Stamp

--