

COMPLETE THIS FORM AND BRING TO EQUIPMENT PICK-UP.  
NO EQUIPMENT WILL BE HANDED OUT TO ANY PLAYER WITHOUT THIS FORM **COMPLETED,  
SIGNED, AND STAMPED** BY YOUR CHILDS PHYSICIAN.

*Darien Junior Football League*  
**Medical Form and Physician Certification**  
(Must be completed for all Tackle and Cheer programs)

Player's Name \_\_\_\_\_ Grade(Fall 2024) \_\_\_\_\_

School(Fall 2024) \_\_\_\_\_ Weight \_\_\_\_\_

**PHYSICIAN CERTIFICATION**

I HAVE EXAMINED \_\_\_\_\_ AND FIND HIM/HER

PHYSICALLY FIT TO PARTICIPATE IN(CHECK ONE):  TACKLE FOOTBALL  CHEERLEADING.

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IMPORTANT:** This medical form must be completed and handed in at equipment pickup – **NO EXCEPTIONS.** Until the form is received, your child will be prohibited from practicing or playing in any games or jamborees.

**PHYSICIAN STAMP**

**PHYSICIAN STAMP AND SIGNATURE REQUIRED**