

Pocono Bobcats Youth Football Association

P.O. Box 534

Pocono Pines, PA 18350

poconobobcats@gmail.com

MEDICAL RELEASE

I hereby release _____ to play FOOTBALL / CHEER for the 2019 Football season.
(Print Participants Name) (Circle One)

List any Allergies or Other Medical Condition(s): _____

<p>_____</p> <p>Physician Signature</p> <p>Date: ____ / ____ / ____</p>	<p><i>Please Print - or - Use Office Stamp Here:</i></p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Office Address:</p>
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*NOTE: This form needs to be physically signed by a Doctor or Nurse Practitioner. This form must be turned into the appropriate Pocono Bobcats Youth Football Association representative BEFORE participant can receive any equipment and participate in practice.

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 Pocono Bobcats Youth Football Association.

Parent / Guardian (Please Print) : _____

Parent / Guardian Signature Date : _____