

LAMBERTVILLE RAMBLERS
Warren County League
Lambertville, New Jersey 08530

MEDICAL RELEASE FORM

Being a medical examiner of the applicant, _____ to
(Please Print Child's Full Name)
determine his/her fitness to play Midget, Bidy, Pee Wee or Flag Football, or to
participate as a Cheerleader with the Lambertville Ramblers, after having made a
thorough examination, do hereby state the said applicant is medically fit to
participate.

Signature of Medical Examiner

Date

Please list any allergies, medications or medical conditions of the applicant:

Physician Name: _____

Address: _____

Telephone: _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date