

**LAMBERTVILLE/NEW HOPE
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 Varsity, JV, Pee Wee or Flag Football, or to participate as a Cheerleader with the Lambertville/New Hope 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