



Doctor's Physical Examination Form

**Every football player must return this form prior to August 1st
No player will be allowed to participate without an approval from his or her doctor.
No exceptions will be made.**

Player's name: _____ LEVEL: FLAG MM PW JR SR (circle one)

I am familiar with the medical history and present condition of the above named child.

This child's fitness to play in a junior tackle football program is as follows:

_____ Fit, no restrictions

_____ Participation not recommended

_____ Yes, this child can participate, however coaches should be aware of the following conditions:

Explanation:

Physician's signature: _____

Date: _____

Please mail or email completed forms no later than August 1st to the following address or

Email to: broigpr@gmail.com

Mail to:

Westwood Youth Football

P.O. Box 446 Westwood, New Jersey 07675