



**Wildwood Seminoles Youth
Football & Cheer Program
MEDICAL RELEASE**

I hereby release: _____, to play TACKLE FOOTBALL or partake in the CHEER PROGRAM during this upcoming _____ Football/Cheer season.

List any Allergies or Other Medical Condition:

_____.

Doctor/ Nurse Practitioner Name (please print): _____.

Doctor/Nurse Practitioner **SIGNATURE*** _____.

Doctor/ Nurse Practitioner Phone: _____.

Date: _____ (this form must be signed after **February 1st**, this current year).

***NOTE: This form needs to be completed by a Doctor or Nurse Practitioner. This form must be turned into your coach BEFORE the season begins. A copy of the original will be accepted.**

I understand all the above information to be accurate. I, as parent/legal guardian of said Player/minor hereby gives permission for said minor to participate in all activities sponsored by (SEMINOLE FOOTBALL PARENTS ASSOCIATION and AMERICAN YOUTH FOOTBALL INC), Wildwood Seminoles Football & Cheerleading program.

Parent / Legal Guardian (please print): _____

Parent /Legal Guardian (signature): _____

Date: _____