

Orange County Youth Football & Cheerleading 2024 Minisink Valley Youth Football and Cheer League

P.O. Box 409, Slate Hill, NY 10973

e-mail: minisinkyouthfootball@gmail.com

Website: www.minisinkyouthfootball.com

Medical Information Form

Town: _____ Division: _____

All football players and cheerleaders need this form filled out from their own doctor to participate in the program.

ORANGE COUNTY YOUTH FOOTBALL & CHEERLEADING LEAGUE RULE:

No child will be allowed to practice without this form completed by a medical provider giving your child permission to practice football or cheerleading.

****PLEASE LIST ANY ADDITIONAL ALLERGIES OR PHYSICAL CONCERNS THAT WE NEED TO KNOW ON THE BOTTOM OF THIS FORM**

FOOTBALL/CHEERLEADER INFORMATION

Player Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

TO BE COMPLETED BY MEDICAL PROVIDER

Name of Medical Provider: _____ Phone #: _____

Allergies: _____

Physical or emotional concerns: _____

This child is in good health and may participate in football/cheerleading for the 2024 season.

Signature of Medical Provider: _____ Date: _____

Medical Stamp: Must be stamped