

**** DO NOT MAIL ****

COMPLETE THIS FORM AND BRING TO THE EQUIPMENT PICK-UP (Tackle & Cheer)
NO EQUIPMENT WILL BE HANDED OUT TO ANY PLAYER WITHOUT THIS FORM COMPLETED, SIGNED
AND STAMPED BY YOUR CHILD'S PHYSICIAN.



Darien Junior Football League

Medical Form & Doctor Certification

(Must be completed for all Tackle and Cheer programs)

Player's Name _____ Grade (Fall 2025) _____

School (Fall 2025) _____ Weight _____

Birth Date _____

DOCTOR CERTIFICATION

**I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT
TO PARTICIPATE IN (CHECK ONE): ☐ TACKLE FOOTBALL ☐ CHEERLEADING ACTIVITIES.**

ADDITIONAL COMMENTS:

PHYSICIAN SIGNATURE _____ DATE _____

Important: This medical form must be completed and handed in at equipment pickup - **no exceptions.** Until the form is received, your child will be prohibited from practicing or playing in any games or jamborees.

PHYSICIAN STAMP

(PHYSICIAN **STAMP** and **SIGNATURE** REQUIRED)