



JUNIOR FOOTBALL of ARIZONA

**PARTICIPANT
MEDICAL RELEASE**

THIS RELEASE IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Name of Participant: _____
 DOB of Participant: _____

(Please check the following if healthy or note otherwise):

Height		Ears		Musculoskeletal	
Weight (lb)		Eyes		Dermatological	
Blood Pressure		Nose & Throat		Neurological	
Respiratory		Mouth		Cardiovascular	

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in *Junior Football of Arizona, Inc.* Flag Football, Tackle Football, Cheer or Dance programs this season.

I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in such activities.

**I am therefore clearing this individual for athletic participation without limitation.
 Please place medical professional stamp below AND fill out the following:**

Signed: _____ Date: _____
 Print Name: _____
 Please indicate medical profession: (M.D., D.O., R.N., etc.): _____
 Address: _____
 City: _____ State: _____
 Telephone: _____ Fax: _____

**This release must be completed in its entirety ONLY by a Licensed State Examiner, with stamp (medical doctor, registered nurse, nurse practitioner, etc...)
 The only other form accepted will be current year version of the Arizona Interscholastic Association (AIA) Medical Release Form.**