



**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.**