

MEDICAL CERTIFICATION FORM
(Required for Football Players & Cheerleaders)

Child's Name: _____

Date of Birth: _____ _____ Titan _____ Trojan _____ Spartan

Address: _____

Doctor's Name: _____

(Please Print Clearly)

I hereby certify that this child has been examined and is physically fit to play football or participate in cheerleading this season. Any precautions to be taken are noted below.

Doctor's Signature

Date

Please answer yes or no (Y/N) to the following:

_____ Asthma _____ Insect Sting Allergies

_____ Epilepsy _____ Medication Allergies

Medical Precautions: _____

*****This form must be completed and returned to the RJFA before practice sessions begin in August. No child will be allowed to practice before a completed form is submitted.*****

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The RJFA would like to welcome everyone to another great football season. The RJFA holds its meetings on the first Monday of every month at 8:00 pm at Finch Park. These meetings are open to the general public. Your attendance and participation are welcomed and encouraged.