



Orange County Youth Football League, Inc.

Medical Information Form

All football players and cheerleaders need a note or 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 or a note from a doctor 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 PHYSICIAN

Name of Physician: _____ Phone Number: _____

Allergies: _____

Physical or emotional concerns: _____

This child is in good health and may participate in football / cheerleading for the **2026 season**.

Signature of Physician: _____ Date: _____

Physician Stamp: