

Harrisonburg Department of Parks and Recreation

Youth Football Program

Physician's Certificate Form

Name of Participant: _____ Age: _____

Address: _____ Phone: _____

Birthday: _____ Weight: _____

The person listed above is physically able, or is physically unable to participate in
Harrisonburg City Youth Football programs.

Physician's Signature: _____ Date: _____

Physician's Address: _____ Phone: _____

Parental Permission Form

Player's Name: _____ Phone: _____

Address: _____ Work Phone: _____

Age: _____ Birthdate: _____ Grade: _____ School: _____

New/Returning Team: _____

Family Physician: _____ Physical Exam Date: _____

Parent's Signature: _____ Date: _____