

**** DO NOT MAIL ****

**COMPLETE THIS FORM AND BRING TO THE EQUIPMENT PICK-UP (MTF/Tackle & Cheer)
NO EQUIPMENT WILL BE HANDED OUT TO ANY PLAYER WITHOUT THIS FORM COMPLETED, SIGNED
AND STAMPED BY YOUR CHILD'S PHYSICIAN. Your child may not participate in practices/games until
DJFL has a completed form on file.**



Darien Junior Football League
2026 Medical Form & Doctor Certification
(Must be completed for all MTF/Tackle and Cheer programs)

Player's Name _____ Grade (Fall 2026) _____

School (Fall 2026) _____ Weight _____

Birth Date _____

DOCTOR CERTIFICATION

**I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT
TO PARTICIPATE IN (CHECK ONE): MTF/TACKLE FOOTBALL CHEERLEADING ACTIVITIES.**

Please list any allergies or chronic conditions:

PHYSICIAN SIGNATURE _____ DATE _____

PHYSICIAN STAMP

(PHYSICIAN STAMP and SIGNATURE REQUIRED)