



**Medical Form & Doctor Certification  
2026 SEASON  
Required for all RYFC Participants  
DOCTOR CERTIFICATION**

Player's Name: \_\_\_\_\_ Grade (Fall 2026): \_\_\_\_\_  
School (Fall 2026): \_\_\_\_\_ Weight: \_\_\_\_\_

**I HAVE EXAMINED \_\_\_\_\_ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN:**

TACKLE FOOTBALL     FLAG FOOTBALL     MODIFIED FLAG FOOTBALL     CHEERLEADING

**ADDITIONAL COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(must be signed after 1/1/2026)

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
**PRINT AND STAMP**

**MEDICAL INFORMATION (to be completed by parent):**

**Allergies?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_  
\_\_\_\_\_

**Medications?** \_\_\_\_\_

**Chronic Conditions?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_  
\_\_\_\_\_

**[RYFC Medical Form & Doctor Certification must be uploaded where prompted during registration prior to the start of the 2026 RYFC Fall season!](#)**