

**BELCHERTOWN-GRANBY EAGLES**



**Belchertown-Granby Eagles Youth Football Organization  
Physician's Release Form**

Child's Name (please print): \_\_\_\_\_

Physician's Name (please print): \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

\_\_\_\_\_ has been examined by me, found to be in good  
(Child's name)

physical health, and may participate in football activities.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Child's Insurance Information**

Name of Insurance Company: \_\_\_\_\_

Insurance Number: \_\_\_\_\_