

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: _____