



THE LONG VALLEY RAIDERS FOOTBALL ASSOCIATION

2024 Membership Application

MEDICAL PERMISSION FORM

FORM TO BE COMPLETED AND RETURNED TO YOUR CHILD'S HEAD COACH BY THE FIRST PRACTICE (IN AUGUST).
DO NOT MAIL TO THE PO BOX

>> To be filled out by Parent or Guardian:

Name of Participant:		Date of Birth:
Home Phone:	Cell Phone:	
Street Address:		
City:	State:	Zip:

Level (check one):

Varsity: _____ JV: _____ PW: _____ SPW: _____ Clinic: _____ Pre Clinic: _____ Flag: _____

:

Signature of Parent/Guardian: _____ Date: _____

Note to Parents:

Physical Examinations must be completed and turned into your child's Head Coach prior to or on the first day of practice in order for your child to participate in any practices.

>> To be completed by Physician:

Name of Participant:	
Has been examined by our office and has been found to be physically fit to play football	
Height:	Weight:

Physician's Signature: _____ Date: _____

Physician's Stamp: _____