



Nebraska Youth Athletic Association
PHYSICIAN RELEASE FORM

Players will not be allowed to participate without a doctor's signature.
NO EXCEPTIONS. Doctor's personal release will be accepted in lieu
of this document.

**I hereby certify that _____ is physically fit to
participate in Full Regulation Tackle Football without restrictions.**

Doctor's Signature _____ Date _____

Address _____

Phone Number _____

*****THIS FORM MUST BE RETURNED PRIOR TO PRACTICING IN PADS*****

**Nebraska Youth Athletic Association ♦ PO Box 21991 ♦ Lincoln, NE 68542
402-421-1889 ♦ www.nyaasharks.com**