



SENE PWFC

**Darlington Braves - (2006) Registration Contract**

**DOCTORS CONSENT FORM**

**DOCTORS CONSENT FORM - MUST BE DATED AFTER JANUARY 1ST 2006**

**Physician:**

I, hereby my signature below, do certify that: \_\_\_\_\_ is physically fit and there are no observable conditions which would contra-indicate him/her from participating in [ ] Tackle / Flag Football / [ ] Cheerleading / Dance. (Please check one)

This certification is good for the current season.

If voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Consent Form" is available from the league or you may have the doctor supply his/her own WRITTEN permission form as long as it is on the doctor's official stationary and includes the following statment: "(Participants Name) is physically fit to resume participation in Tackle / Flag Football / Cheerleading / Dance." This statment must be supplied by the physician attending to the injury, accident, or illness.

<p><b>Physician:</b></p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Print Name Clearly</p> <p>_____</p> <p>Date (after January 1st of the current season)</p>	<p><b>Physician:</b></p> <p><b>Please Use Office Stamp Here:</b></p>
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