

MEDICAL RELEASE TO PARTICIPATE IN PAL SPORTS

School Name: _____

GRADE: _____ in 2022-2023

I hereby certify that _____ was examined by me on
_____ and appears to be physically fit for organized sports.

Comments/limitations: _____

To be valid, please sign after June 15, 2022.

Physician's Signature: _____

Date: _____

This form must be received by the school office before the student may participate in PAL sports including Little Dribblers. A new form must be completed each school year.