MEDICAL RELEASE TO PARTICIPATE IN PAL SPORTS

School Name:_____

GRADE: _____ (in 2025-2026.)

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 16, 2025.

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.