Medical Release Form for Participation in PAL Sports

School Name:_____

Grade in 2026-2027: _____

I hereby certify that _____ (student's name) was examined by me on _____ (date) and appears to be physically fit for organized sports.

Comments/limitations:_____

_____

A new form must be completed each school year. To be valid, must be signed June 1, 2026 or later.

Physician's Signature: _____

Date: _____

This form must be approved by the Athletic Director before the student may participate in PAL sports including Little Dribblers.