



ESSEX COUNTY RAVENS FOOTBALL CLUB MEDICAL RELEASE FORM



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Dear Parent or Guardian:

Your son has shown an interest in playing for the Essex County Ravens Football Club this summer. We would like to congratulate you on his initiative to pursue this desire. We would also like to remind you of your responsibility to have your child medically examined to ensure that he is physically able to participate in this type of activity. We suggest that you have your son examined by a physician for this purpose. If you do, please have the doctor sign the Medical Certificate below (or provide a similar document). If you decide to waive the physician's examination, then you must sign the Medical Waiver Form instead.

MEDICAL CERTIFICATE (to be completed by the physician)

This is to certify that I have examined _____
(Please print athlete's name)

and that he is physically able to participate in the strenuous physical activity associated with participation on the Essex County Ravens Football Team, 2025

X

Physician's Signature

Date

MEDICAL WAIVER FORM (to be completed by parent or guardian)

I, the undersigned parent /guardian of _____
(Please print athlete's name)

have chosen not to obtain the recommended physician's examination of my son. He is physically able to participate in the strenuous physical activity associated with the Essex County Ravens Football Team.

I waive all responsibility of members of the Essex County Ravens Football Club and the Ontario Summer Football League and their agents if my child becomes ill, injured or incapacitated in any way, due to any known medical problems while participating in any activity associated with the team

X

Parent/Guardian's Signature

Date