



2010 Nebraska Youth Athletic Association  
**PHYSICIAN RELEASE FORM**

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Players will not be allowed to participate without a doctor's signature.  
NO EXCEPTIONS. Doctor's personal release will be accepted in lieu  
of this document.

**I hereby certify that \_\_\_\_\_ is physically fit to  
participate in Full Regulation Tackle Football without restrictions.**

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

**\*\*\*THIS FORM MUST BE RETURNED PRIOR TO PRACTICING IN PADS\*\*\***

**Nebraska Youth Athletic Association ♦ PO Box 21991 ♦ Lincoln, NE 68542  
402-438-4686 ♦ [www.nyaasharks.com](http://www.nyaasharks.com)**