



Eastside Crusaders Junior Football
Return to Play Form



This form needs to be completed and signed by the player's physician and parents before he can participate in practice, scrimmages or games.

Player Name

Team

Physician

Phone

Player was examined at physician's office on _____
Date

Briefly state diagnosis: _____

Player can return to light exercise (light running/light calisthenics) no earlier than _____
Date

If no symptoms present, player can return to more strenuous workout no earlier than _____
Date

If no symptoms present, player can return to full contact no earlier than _____
Date

Physician Signature

Date

Parent Release & Indemnification

We the undersigned release _____ to fully participate in ECJF as directed above and do hereby release, indemnify and hold harmless the officers directors and coaches of Eastside Crusaders Junior Football from any injury or impairment resulting from this release.

Parent Signature

Date

Parent Signature

Date