

FOOTBALL GAME DAY DOCTOR SIGN-IN-SHEET

School/ Home Team: _____

Game Date: _____

Game Number: _____

Doctor's Name: _____
Please print

Doctor's Signature: _____

Athletic Director's Name: _____
Please print

Athletic Director's Signature: _____

Please fax a completed Sign-in-sheet, Monday by 4:00pm following each game to the PSAL

Attention: Ms. Maria Lenna, Fax # (718) 706-1210