



Sierra Youth Football & Cheer (SYFC) 2010 Medical Clearance Form

ALL PHYSICAL MUST BE DONE APRIL 15, 2010 OR LATER.
TO BE COMPLETED, SIGNED AND SUBMITTED TO THE
LOCAL ASSOCIATION BY THE FIRST DAY OF PRACTICE.
THE MEDICAL CLEARANCE MUST BE SIGNED BY YOUR
DOCTOR AND HAVE HIS STAMP ON THIS FORM TO BE ACCEPTED.

MEDICAL CLEARANCE EXAMINATION

Child's Name: _____ Age: _____ Weight: _____

This examination does not constitute a complete medical examination, it does, on this date, based upon my observations, meet the requirements for the above named child to participate in the following:

Tackle Football Yes No

Cheerleader Yes No

Any known allergies or limitations: _____

REMARKS: _____

Doctor's Signature: _____ Date: _____ Phone: _____