

Fairfield County Youth Football League

Physical Examination Clearance Form

***Note! This form must be completed BEFORE your child can practice or receive equipment. NO EXCEPTIONS!**

PARTICIPANT INFORMATION:

Date: _____

Football Player: _____ Cheerleader: _____

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____ Height: _____ Weight: _____

MEDICAL INFORMATION:

I HAVE EXAMINED _____ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN TACKLE FOOTBALL AND/OR CHEERLEADING ACTIVITIES FOR THE 2009 SEASON.

ADDITIONAL COMMENTS:

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S NAME _____ PRINT OR STAMP

MEDICAL INFORMATION (to be completed by Physician or parent)

Allergies: Yes _____ No _____ if yes, what _____

Medication _____

Chronic Conditions Yes _____ No _____

If yes, what _____

PARRENT/GUARDIAN:

Parent / Guardian Signature: _____ Date: _____

Mail Completed forms to:

Fairfield County Youth Football
P.O. Box 246
Lancaster, OH 43130