



# NORCAL YOUTH FOOTBALL LEAGUE

## Player/Cheerleader Participation

### Sports Physical

MUST BE PRINTED AND IN THE BINDER



<b>PARTICIPANT NAME:</b>	<b>BIRTHDATE:</b>	<b>AGE:</b>	<b>FOOTBALL OR CHEER:</b>
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**THIS MUST BE COMPLETED BY A LICENSED HEALTH MD OR DO ONLY NOT HE PARENT COACH OR GUARDIAN**

Physician Exam Date: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

ALLERGIES/DIAGNOSIS ( ASTHMA ETC)

\_\_\_\_\_

I, as evidenced by my name and signature below, do certify that I am licensed MD and/or DR in the state of California. I am qualified to determine that:

(Childs Name:) \_\_\_\_\_ is physically fit and I have found no medical or observable conditions that would contradict his/her from participating in youth tackle football, cheer, dance, step, or athletic activities.

I am therefore clearing this individual for athletic participation.

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCTOR'S ADDRESS STAMP**

**MUST HAVE A DOCTORS STAMP TO BE CERTIFIED NO EXCEPTIONS**

### Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation in contact sports, and that this injury may lead to permanent disability or death. In the event of routine of emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by the league medical staff, physicians associated with other community facilities as needed.

<b>PARENT/GUARDIAN NAME:</b>	<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE</b>
<b>Health Insurance Company Name:</b>	<b>Group #:</b>	<b>Policy #:</b>