

JACK FROST FOOTBALL

PHYSICIAN'S STATEMENT

This is to certify that _____ has completed a basic physical on _____, and is cleared physically to participate in the Jack Frost Tackle Football League.

Height: _____ Weight: _____ DOB: _____

Physician's Signature

Date

Physician's Name Printed

*Physicals must be completed and form turned in before a player can participate in contact

"The Tradition Continues"
Since 1963