



## 2024 EBYFC Football & Cheer Medical Card

This form is **not mandatory** and must be properly completed and turned prior to in order for your child to participate in any EBYFC activity.

### Instructions - Please read and follow carefully

1. A physician must sign the card.
2. The address and phone number must be legible; physician stamps are preferred for authenticity.
3. Date signed **MUST** be in this calendar year (the examination must be within 2 years of the date signed).
4. **DO NOT WRITE OR MARK OUTSIDE OF THE 3"X5" BORDER.**

### EXAMINING PHYSICIAN'S STATEMENT

I hereby certify that \_\_\_\_\_  
Name of youth

was examined by me on \_\_\_\_\_, 20\_\_\_\_\_  
and found physically fit to engage in the NorCal Elite Youth Football &  
Cheer program.

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Phone #