



2026 EBYFC Football & Cheer Medical Card

Regarding Participant Physicals and Clearance:

Please note: **This specific form is not mandatory.**

However, to ensure your child's safety and eligibility for participation in any EBYFC activity, a doctor's clearance is required. You must submit a clearance form from your child's medical provider that includes their medical office header and signature. This document must clearly state that your child is cleared to participate in physical activities and that their health falls within the guidelines listed below.

This doctor's clearance must be properly completed and turned in prior to your child participating 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.**
5. **An End of Visit Summary Report will not suffice.**

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 #