

GOLD COAST YOUTH FOOTBALL LEAGUE

Player/Cheerleader Physical Form Season: _____ Chapter: _____
 Section II: Physical description & condition at sign-up

Participants Name: _____

Height _____ Ft. _____ In. Weight _____ Lbs.

Hair _____ Eyes _____

Health History

Family Physician _____ Phone # _____

Other Caregiver _____ Phone # _____

Current Medications _____

Current Problems	Yes	No
Asthma		
Kidney Injury		
Head Injury		
Shoulder or Hip Injury		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Preferred Emergency Room (Hospital) _____

Medical Examination

Height _____ Weight _____ Blood Pressure _____ Temperature _____

Ear _____ Eyes _____ Nose _____ Throat _____

Heart _____ Lungs _____ Skin _____ Teeth _____

Hernia _____ Abdomen _____ Extremities _____ Feet _____

Remarks: Please check appropriate block.

- () While this examination does not constitute a complete medical examination, it does on this date, and based on my observation, meet the requirements for participation in the Youth Football Program.
- () The individual examined by me on this date is considered "not" physically qualified to participate in this Youth Football Program for the following reasons:

DATE: _____

Examined By: _____ **Office Phone #** _____

Address: _____