SCEYFL-AAU CONFERENCE

Amateur Athletic Union - California AAU - Southern Pacific Region



PHYSICAL FORM

Examining Dr. __

_____ Date ___

FECTION II: PLAYER INFORMATION TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS FIRST NAME MDDLE NAME LAST NAME AGE OF JULY 31 NAME ON POLICY NUMBER AGE OF JULY 31 FROM ANY MEDICAL INSURANCE COMPANY POLICY NUMBER FROM ANY MEDICAL INSURANCE COMPANY	HAPTER			ITY					
REST NAME MIDDLE NAME LAST NAME AGE OF JULY 31	IVISION:	6U	8U	10	U	12U	14U	CHEERLEADING	
PRIMARY MEDICAL INSURANCE COMPANY TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS	ECTION II	: PLAYER IN	FORMATIO	N TO BE COMPLE	ETED BY CAN	DIDATE PLAYER & P.	PARENTS		
Are there any injuries requiring medical attention? Yes / No 7. Is the participant diabetic/require medication for diabetes? Yes. Are there any past surgeries or scheduled surgeries? Yes / No 8. Does the participant currently require medication? Yes / So 9. Does/has the participant currently require medication? Yes / No 9. Does/has the participant currently require medication? Yes / No 9. Does/has the participant thave allowed seizures? Yes / No 10. Does the participant have allowed seizures? Yes / No 10. Does the participant war a place or medical device? Yes / No 11. Does the participant war a brace or medical device? Yes / No 12. Does the participant have any allergies? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant have physical limitations/conditions? Yes / No 12. Does the participant war a brace or medical device? Yes / No 12. Does the participant war a brace or medical device? Yes / No 12. Does the participant war a physical limitations/conditions? Yes / No 12. Does the participant war a physical limitations/conditions? Yes / No 12. Does the participant war a physical limitations/conditions? Yes / No 12. Does the participant war a physical limitations/conditions? Yes / No 12. Does the participant war a physical limitations/conditions? Yes / No 12. Does the participant war a physical physical physical limitations/conditions? Yes / No 13. Does the participant war a physical limitations/conditions? The participant war a physical limitations/conditions? Th	FIRST NAME MIDDLE NAME LAST			AST NAME	T NAME			AGE OF JULY 31	
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Printed Name Signature Date ELATIONSHIP TO MINOR: FATHER MOTHER LEGAL GUARDIAN ECTION IV: MEDICAL EXAMINATION TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL Bight Blood Pressure Weight Blood Pressure Heart Ears Nose Teeth Abdomen Extremities Hernia) While this examination does not constitute a complete Medical Examination, it es on this date, and based upon my observation, meet the requirement for rticipation in this youth football program.) Individual examined by me this date is considered not physically qualified to		this information is acc	curate to the best of	my knowledge. I unde	erstand that thi	s medical authorization	may be voided in the	event of injury, illness	
ECTION IV: MEDICAL EXAMINATION TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL eight Blood Pressure Heart	accident and my organization offic om my child's phy	this information is acc child may not be clear ial in writing if there is	curate to the best of ed for participation a any change in the r	my knowledge. I unde at such time. Furtherm nedical condition of m	erstand that thi nore, I hereby a ny child. I also u	s medical authorization icknowledge that it is m inderstand that is my re	may be voided in the ny responsibility to inf esponsibility to obtain	event of injury, illness form my child's coach written permission	
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Office Phone