

Medical Clearance Form

ASSOCIATION NAME - _____

Medical Clearance Form - Must be dated after January 1st of the Current Season

Player Last Name	Player First Name	Initial	Preferred Nickname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address	City / Town	State	Zip Code	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (M/D/Year)	Age as of 7/31/2012			
<input type="text"/>	<input type="text"/>			

Doctors Office Use Only	Please Print - or - Use Obe Stamp Here:
 _____ Doctors Signature	_____
 Date: / / (Must be dated after January 1st, of the Current Season)	_____
	Office Address: _____

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, Concussion or Suspected Concussion it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in Youth Flag Football, Full Contact Tackle Football, Cheer, Dance, Step or any other athletic activities. I am therefore clearing this individual for Full Contact / Athletic Participation."

NOTE: _____ advises that this form as with any and all registration / contract forms used by your Association should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms. Due to privacy issues this form should be stored in a secure location with limited restricted access and or used for the purpose of medical care only.