



Sierra Valley USA Youth Football & Cheer (SVUSA) 2014 Medical Clearance Form

ALL PHYSICAL MUST BE DONE APRIL 15, 2014 OR LATER.
TO BE COMPLETED, SIGNED AND SUBMITTED TO THE
LOCAL ASSOCIATION BY THE FIRST DAY OF PRACTICE.
THE MEDICAL CLEARANCE MUST BE SIGNED BY YOUR
DOCTOR



MEDICAL CLEARANCE EXAMINATION

Child's Name: _____

Age: _____

Weight: _____

Weight is only for football players

This examination does not constitute a complete medical examination, it does, on this date, based upon my observations, meet the requirements for the above named child to participate in the following:

Tackle Football ☐ Yes ☐ No

Cheerleader ☐ Yes ☐ No

Any known allergies or limitations: _____

Doctor's Remarks: _____

Doctor's Signature: _____ Date: _____ Phone: _____

If there is any questions please contact your Local Association that you are participating for.