



AMERICAN YOUTH FOOTBALL

Medical Clearance Form



ASSOCIATION NAME - _____

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

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs 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, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> ➤ Signature: _____ </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> ➤ Date: _____ / _____ / _____ </div> <p style="font-size: 0.8em; margin-left: 20px;">(Must be dated after January 1st, of the Current Season)</p>	<p style="text-align: center; font-weight: bold; font-size: 0.9em;">Please Print - or - Use Office Stamp Here:</p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> Print Name Clearly: </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> Office Address: </div>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, 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, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

POWERED BY:

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel 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.