



# Sierra Youth Football & Cheer (SYFC) 2009 Medical Clearance Form

ALL PHYSICAL MUST BE DONE APRIL 15, 2009 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 AND HAVE HIS STAMP ON THIS FORM TO BE ACCEPTED.

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## MEDICAL CLEARANCE EXAMINATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

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: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_