Pirate Youth Football League SYV
Medical Release 2013

All participants must be screened and cleared by a medical doctor before he/she may begin practice. Participants may be screened by their own physician or pediatrician.

Participants Name	Date of Birth	Height	Weight

Address	City	State / Zip

List all childhood illnesses, both past and ongoing:

List all operations and hospitalization dates:

Has participant ever had a concussion or other head injury?	**Yes**	**No**
Has participant experienced headaches or other head pains following a trauma related injury?	**Yes**	**No**
Has participant ever broken, sprained or seriously twisted a joint or limb?	**Yes**	**No**

Has participant ever had (circle all that apply):

Anemia	Genital pain	Nausea (recurring)
Arm Pain	Gum problems	Neck pain
Asthma	Headaches (chronic)	Nose breathing difficulty
Breath shortness	Hearing loss	Nose bleeds
Cancer	Heart beat (irregular)	Painful urination
Chest pains	Heartburn (recurring)	Pneumonia
Childhood R.A.	Hernia	Rheumatic fever
Chronic cough	Hypoglycemia	Skin problems
Constipation	Incontinence	Sore throats (frequent)
Dental problems	Irritability before meals	speech difficulty
Depression	Lack of coordination	Spitting up phlegm
Diabetes	Leg pain	Spitting up blood
Diarrhea (recurring)	Light headed before meals	Stomach pain (recurring)
Dizziness / Lightheadedness	Liver problems	Tingling of hands or feet
Ear noises	Low blood pressure	Tuberculosis
Ear pain	Lower back pain	Vision problems
Epilepsy	Memory loss	Vomiting
Fainting	Mood swings	Weight loss or gain (dramatic)

Please briefly explain any circled items on page one (1):

Is there a family history of health problems (parents, grandparents, brothers or sisters)? If yes, please explain:

Parent / Guardian Release:

I am the parent or legal guardian of the child listed on this Health Screening form. I have no knowledge of any condition or impairment that would prevent my child's participation in a youth tackle football program or a cheerleading program.

Name of Parent or Legal Guardian - Please Print

Signature of Parent or Legal Guardian

Below must be completed by the Physician:

Doctor's Release

Based on my examination and the information provided as part of this Health Screening:

_____ I release this child to participate in a youth tackle football program or cheerleading program

_____ I do NOT release this child to participate in a youth tackle football program or cheerleading program, and refer this child for further consultation with his or her family physician or other specialist.

Examining Physician's Name - Please Print

Examining Physician's Signature

Date of Exam