GLENN YOUTH FOOTBALL AND CHEER

MEDICAL CLEARANCE FORM

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

Player Name:_____   Date of Birth: _____

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of Texas and am qualified in determining that the above named player, is physically fit and I have found no Medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, or athletic activities.

I am therefore clearing this individual for athletic participation.

Please Print or Use Office Stamp Here:

_____
Signature

_____
Date (Must by after January 1st of the current season)

_____
Print Name Clearly

_____
Office Address

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to obtain WRITTEN permission from his/her State Licensed Medical Examiner to resume participation. A "Doctors Resun 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 stationary and includes the following statement: "(Participant's 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." This statement must be supplied by the physician attending to the injury, accident, or illness.

Note: This form as with any an all forms used by your Association should by 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 for this and all such forms.