

NORTHLAND PINES YOUTH FOOTBALL AND CHEERLEADING

PHYSICAL EXAMINATION FORM FOR THE 20____ SEASON
THIS FORM MUST BE DATED AFTER JANUARY 1ST OF THE YEAR OF PARTICIPATION

Full Name _____

Birth Date _____ Grade this Sept. _____ Gender: M F

Football Player Cheerleader (PLEASE CIRCLE ONE)

The Above name student has been examined and there are no apparent contraindications to participate in athletic activities except as follows (If none, then record NONE):

If participant is restricted or disqualified, please indicate reason(s):

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in football and/or cheerleading through the Northland Pines Youth Football and Cheerleading (NPYF&C) program. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in these activities for the upcoming year. I am therefore clearing this individual for athletic participation without limitation other than any restrictions stated above.

Signed: _____ Date: _____

Print Name: _____

Complete this section or the medical professional's stamp may be placed below.

Address _____ City _____ State _____

Telephone _____

This form must be on file with Northland Pines Youth Football and Cheerleading (NPYF&C)
PRIOR TO ANY PRACTICE OR PARTICIPATION.

NPYF&C, P.O. BOX 1796, EAGLE RIVER, WI 54521