

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15th 2025

Childs Name: _____ Age: _____

Date of Birth: _____

Known Food or Drug Allergies:

Known Disabilities or Medical Conditions:

Physician's Statement of Health:
(Must be completed by a medical doctor)

I certify that I have examined _____

And have found no gross evidence of any abnormality that will keep him/her from participating in the Sierra Athletic Conference Leagues youth tackle football and/or Cheer program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Physician's Stamp
REQUIRED

