



Medical Clearance Form

Players must provide evidence of a physical not more than 13 months old.

Player Name: _____ Birthdate: _____

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 Noble Squires youth football and/or cheer program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____