



**NORTH FLORIDA YOUTH FOOTBALL  
& CHEER CONFERENCE  
Medical Clearance Form**

ASSOCIATION NAME - \_\_\_\_\_

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

I, as evidenced by my name and signature below, do certify that I am a licensed MD, DO, DC, PA or ARPN in the state of \_\_\_\_\_ and am qualified in determining that:

(Childs 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, or other athletic activities.

I am therefore clearing this individual for athletic participation.

***Please Print - or - Use Office Stamp Here:***

<p>Signature: _____ Date:        /        / <i>(Must be dated after January 1st, of the Current Season)</i></p>	<p>Print Name Clearly: _____</p> <p>Office Address: _____</p>
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**PLEASE NOTE:** This Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician (either MD, DO, DC, PA or ARPN) to resume participation. A "Doctors Resume to Participation Medical Clearance Note" must be supplied from his/her own Physician with WRITTEN Clearance assuming it is on the Doctor's official stationery and includes the following statement: "(Participants 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, or other athletic activities. I am therefore clearing this individual for athletic participation.