

MOUNTAINEER YOUTH FOOTBALL

Medical Clearance Form

ASSOCIATION NAME: _____

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

I, hereby my signature below, do certify that I am licensed by the State of WV 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 athletic activities. I am therefore clearing this individual for athletic participation.

<p>Signature of Physician _____</p> <p>Date: ____/____/____ (Must be Dated after January 1st, of the Current Season)</p>	<p><i>Please Print -or- Use Office Stamp Here:</i></p> <p>Print Name Clearly _____</p> <p>Office Address _____</p>
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PLEASE NOTE: If 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 to resume participation. This written permission to resume participation must be supplied by the physician attending to the injury, accident, or illness.

