



2026

FOOTBALL/CHEER MEDICAL CLEARANCE FORM

Participant Information (Name must match birth certificate)

Last Name First Name Middle Name
Age as of 8/1/2026 Weight (as determined by Physician) Date
Name of Football/Cheer Organization

Physician Statement

I certify that I have examined the athlete for participation in the Howard County Football/Cheer Program.

- The athlete can participate in the 2026 season
The athlete cannot participate in the 2026 season

Physician's Signature Date

Please print or use a stamp:

Stamp here:

Physician Name Affiliation
Street Address
City State Zip
Phone



Waiver

I am aware that while participating in recreational activities arranged by Howard County TERPS, certain risks and dangers may be present, including but not limited to those generally associated with the activity, transportation, accidents or illness and forces of nature.

I agree to indemnify and defend Howard County TERPS and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fee and the TERPS's costs of defense, in connection with loss of life, personal or bodily injury and/or damage to or loss of property that arise from participation in the Howard County TERPS Football program except to the extent that such loss or damage is occasioned by the negligent act or omission of the TERPS, its officers, agents or employees and no negligence on the part of the Participant.

Signature of Parent or Guardian Date