



# Gem City Youth Conference Physical Form

## Section 1: To be filled out by parent or guardian

Participant name:	Date of Birth:	Grade:	Age:
Home Address:			
City/State/Zip Code			
Mother's Name:	Father's Name:		
Physician Name/Office:		Physician Phone Number:	

I, the parent or guardian of the below named player for the Gem City Youth Conference (GCYC), hereby give approval for his/her participation in any and all team or league activities during the current season. I assume all risk and hazards incidental to such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless the GCYC as well as any GCYC official, organizer, coach and all board members of the GCYC of any liabilities and any and all injuries suffered by my child. I understand that the GCYC does not provide Health Insurance for my child and that I am responsible for providing health insurance coverage in the event of injury or illness.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parents please note that the GCYC requires that the physical be performed in the **SAME CALENDAR YEAR** as sport participation. For example, if playing football in fall of 2018 the physical must have been performed in the 2018 calendar year.

## Section 2: To be filled out by the Medical Professional:

Date Physical Performed: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

### PLEASE CHECK ALL APPLICABLE:

- ( ) The above participant is healthy and **may participate** with GCYC without restrictions  
 ( ) The above participant **may participate with GCYC with the following restrictions:**

\_\_\_\_\_  
 \_\_\_\_\_

- ( ) The above participant **may not participate** with the GCYC for the following reason(s):

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Attending Physician(print):

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Physician Signature:

\_\_\_\_\_  
Date