



EAGER BEAVER FOOTBALL CLUB

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 Eager Beaver Football Club (EBFC), 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 EBFC as well as any EBFC official, organizer, coach and all board members of EBFC of any liabilities and any and all injuries suffered by my child. I understand that EBFC 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 EBFC 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 EBFC without restrictions

() The above participant **may participate with EBFC with the following restrictions:**

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

Attending Physician(print):

Office Phone

Physician Signature:

Date