

2009 ANNUAL PHYSICAL EXAMINATION FORM

(PRINT OR TYPE)

- 1) Examinations must be taken after *January 1, 2009* to be good for the *2009* season. *Physical Examinations are good for (1) year.*
- 2) Examination form must be dated, signed and submitted prior to the first practice at the start of the *2009* season. (*August 1st, 2009*)
- 3) ***NO*** player or cheerleader will be allowed to participate in any Spring Ford Youth Football activities until this form is completed and on file.

NAME _____
(LAST) (FIRST) (MIDDLE INITIAL)

GRADE _____ AGE _____ SEX _____ WEIGHT _____
(2009-10 SCHOOL YEAR) (AS OF JUNE 30, 2009) (M/F)

SCHOOL _____ CITY _____

The above named student has been examined and there are no apparent conditions that would prevent him/her from participating in any Spring Ford Area Youth Football activities except as follows:
(If none - write "None")

Activities in which the above named student may not participate in are: (If none - write "None")

If the above named student is restricted or disqualified from participating, please indicate reason(s).

Signature of licensed physician:* _____

Address: _____

City & State: _____ Phone: _____

Date of Examination: (Month / Day / Year): _____

* Physicians may authorize Nurse Practitioners or Physicians Assistants to stamp this form with the physician's signature, or the name of the clinic with which the physician is affiliated.

ALL PARTICIPANTS MUST HAVE THIS FORM ON FILE PRIOR TO PRACTICE OR PARTICIPATION IN ANY SPRING FORD YOUTH FOOTBALL ACTIVITIES.