

Fingerlakes Youth Football and Cheerleading League, Inc.

Physical Form 2009

All players and cheerleaders are required to have a physical exam and/or proof of physical exam prior to August 1st of the current playing season, and within the last 12 months.

This physical form, or a written statement by your physician stating that the participant is physically fit to practice and play football / cheer must be completely filled out prior to the first practice of the current playing season.

To Be Completed By Parent:

Child Name: _____ Allergies: _____

Specify any other conditions the coaches should be aware of: _____

Drugs or Medication Taken: _____

To Be Completed By Physician (Or provide your doctor's script stating at least the minimum below has been performed)

Height: _____ Lungs: _____ Eyes: _____ Feet: _____

Weight: _____ Nose: _____ Abdomen: _____ Extremities: _____

Blood Pressure: _____ Throat: _____ Hernia: _____ Ears: _____

Heart: _____ Teeth: _____ Skin: _____ Urine: _____

Comments: _____

Signature of Examiner/Physician: _____ Date of Physical: _____

Physician Address: _____ Phone: _____