

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
Street Address City, State Zip Code

THE FOLLOWING MUST BE COMPLETED BY A PHYSICIAN, SIGNED AND STAMPED BY THE PHYSICIAN, AND MUST BE **DATED AFTER JANUARY 1, 2009.**

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that the above named child is physically fit and I have found no medical or observable conditions which would contra-indicate him / her from participating in youth flag football, tackle football, cheer, dance, or athletic activities. I am therefore clearing this individual for athletic participation.

Doctor's Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

Office Address: \_\_\_\_\_  
Street Address City, State Zip Code

Office Stamp:

**PLEASE NOTE:**

If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent / Legal Guardian to notify the participant's Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his / her physician to resume participation. A "Doctor's Resume Participation Medical Clearance Form" is available from the Providence North End 49<sup>ers</sup> or you may have the doctor supply his / her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement:

**“(Participant’s Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him / her from participating in youth flag football, tackle football, cheer, dance, or athletic activities. I am therefore clearing this individual for athletic participation.”**

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and / or state laws or due to medical practitioner regulations.