

# Central Mass Youth Football & Cheer

Hudson Youth Football & Cheerleading Promoting Youth Football And Cheerleading



## 2009 MEDICAL CLEARANCE FORM

**Medical Clearance Form - Must be dated after January 1st 2009**

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: \_\_\_\_\_ 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.

<p>Signature: _____</p> <p>_____/_____/2009</p> <p>Date: - (Must be dated after January 1st, 2009 )</p>	<p><b>Please Print - or - Use Office Stamp Here:</b></p> <p>_____</p> <p>Print Name Clearly:</p> <p>_____</p> <p>Office Address:</p>
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*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 participants 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 "Doctors Resume Participation Medical Clearance Form" is available from the league 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: "(Participants 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.*

Official Use Only		
Medical Certification	DOB Certification	Regional Certification