

Whaling City Youth FOOTBALL LEAGUE, INC.

PHYSICIAN STATEMENT FORM

I have examined or know _____
First Name Last Name

to be in good health and is able to participate in the normal activities of Youth Football and/or Cheerleading (a contact sport).

Parent(s) and/or Doctor, please list all known conditions/illnesses/allergies or prior injuries which would/could affect Emergency Medical Treatment or their participation in Youth Football or Cheerleading.

ILLNESSES	ALLERGIES	PRIOR INJURIES
CURRENT MEDICATIONS		
SERIOUS MEDICAL CONDITIONS		

Physician Name: _____

Address: _____

Telephone Number: _____

EMAIL: _____

Physician/APRN/RN Signature _____ Date _____

NOTE: THIS STATEMENT MUST BE COMPLETED AND DATED AFTER JANUARY 1 OF THE CURRENT SEASON. League Physician Statement must be signed by parent along with Doctor's Form if Doctor did not sign off on the WCYFL Form.

I/We hereby represent that the league medical form is complete, up to date and accurate with my child's medical history, and that my child has been deemed physically fit to play the contact sport of football or cheerleading by their personal physician (MD), APRN or RN.

Signature of Parent/Guardian _____ Date _____