

Berwick Youth Football League

Football and Cheerleading Medical Clearance Form

I, as evidenced by my name, title and signature below, do certify that I am a licensed PA, CRNP, DO or MD and am qualified in determining that the child named below is physically fit and I have found no medical or observable conditions which would contra-indicate him/her for participating in flag or tackle football, or cheerleading activities. I am therefore stating that:

(Child's Name): _____ is cleared to participate in:

Flag/Tackle Football Cheerleading For the _____ school year

Print Name Clearly Here:	Office Stamp use Here:
Signature:	Office Address:
Date:	Comments:

Please Note:

While medical clearance is necessary before any participant can engage in physical activities, this form is optional and may be substituted with a note from a PA, CRNP, DO or MD on the doctor's official stationery and includes the following statement: (Participant's Name) is cleared to participate in football/cheerleading.

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 MD or DO to resume participation. Please have the doctor supply his/her own written clearance to be on the doctor's official stationery and include the following statement: (Participant's Name) is cleared to resume participation in football/cheerleading.