



USA Select National Youth Football League Medical Clearance Form



ASSOCIATION NAME - _____

Medical Clearance Form - Must be dated after June 1st of the Current School Year

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs 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, Full Contact Tackle Football, Cheer, Dance, Step or any other athletic activities. I am therefore clearing this individual for Full Contact / Athletic Participation.

<div style="margin-bottom: 10px;"> <p style="margin-left: 20px;">Signature: _____</p> </div> <div> <p style="margin-left: 20px;">Date: / / </p> <p style="margin-left: 20px;"><i>(Must be dated after June 1st, of the Current School Year)</i></p> </div>	<p style="text-align: center;"><i>Please Print - or - Use Office Stamp Here:</i></p> <div style="margin-top: 10px;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">Print Name Clearly:</p> </div> <div style="margin-top: 10px;"> <p style="text-align: center;">_____</p> <p style="text-align: center;">Office Address:</p> </div>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, Concussion or Suspected Concussion 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, Full Contact Tackle Football, Cheer, Dance, Step or any other athletic activities. I am therefore clearing this individual for Full Contact / 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.

NOTE: USA Select National Youth Football League (USASNYFL) advises that this form as with any and all registration / contract forms used by your Association should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such