



# UNITED YOUTH FOOTBALL AND CHEER

## Medical Clearance Form



ASSOCIATION NAME - \_\_\_\_\_

**Medical Clearance Form - Must be dated after January 1st of the Current Season**

TO BE COMPLETED BY STATE OF ILLINOIS QUALIFIED LICENSED INDIVIDUAL

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="border-bottom: 1px solid black; margin-bottom: 10px;"> <span style="font-size: 2em; float: left; margin-right: 5px;">➤</span> <span style="margin-left: 20px;">Signature: _____</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <span style="font-size: 2em; float: left; margin-right: 5px;">➤</span> <span style="margin-left: 20px;">Date: _____ / _____ / _____</span> </div> <p style="font-size: 0.8em; margin-left: 20px;">( Must be dated after January 1st, of the Current Season )</p>	<p style="text-align: center; font-weight: bold; font-size: 0.9em;">Please Print - or - Use Office Stamp Here:</p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> <span style="font-size: 0.8em;">Print Name Clearly:</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> <span style="font-size: 0.8em;">Office Address:</span> </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 stationery 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. "

Participant Name (Printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**NOTE:**