

Scarborough Youth Football Club

Instructions: Parent or guardian, please complete the top of this form and request your physician complete the physical examination portion. This form must be completed annually and submitted to the Scarborough Football Club (SFC) prior to participation in any SFC sponsored activities. The form will remain on file for one calendar year and will cover all SFC sponsored programs. Form submission can be done via the secure registration portal or you must **Hand Carry** the completed form with you to your first scheduled SFC meeting/event and submit to the appropriate program coordinator.

****NOTE**** This form expires on the one-year anniversary of this form's submission. SFC understands the challenges of insurance restrictions and physical exam scheduling, so please communicate early if you anticipate difficulty.

<u>Child:</u>	<u>Parent/Guardian:</u>
<u>Telephone Number:</u>	<u>Parent/Guardian Signature:</u>
<u>Address:</u>	
<u>Child's Date of Birth:</u>	<u>Grade (entering in Fall):</u>

Physician's Recommendation: This form is intended to ensure child safety while participating in youth sports. SFC does not require an additional physical to complete this form. This recommendation is valid as long as the child's physical examination is completed within 2 years of the start of a SFC sponsored program. Thank you for your support.

<u>Date of Last Physical:</u>	<u>Today's Date:</u>
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Physician's Recommendation	Unrestricted	Restricted
<u>If Restricted Please Specify (contact, non-contact, etc)</u>		
<u>Physician Name (print/stamp)</u>	<u>Phone Number:</u>	
<u>Physician Signature:</u>		