PARK RIDGE SPORTS, INC.

Association/Team Name: _____

RESUME PARTICIPATION - MEDICAL CLEARANCE FORM

RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME PARTICIPATION OF ANY KIND AFTER AN, INJURY, ACCIDENT, ILLNESS, AND/OR THE PARTICIPANT IS REMOVED FROM ANY PARTICIPATION AS A RESULT OF A SUSPECTED CONCUSSION OR HEAT RELATED ILLNESS.

I, hereby my signature below, do certify that I am licensed by the state and I am qualified in determining that: (insert participants name) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation.

	Please Print – or – Use Office Stamp Here:
Medical Professional Signature / /	Print Name Clearly
Date – Must be dated after January 1st of the Current Season	Office Address/Phone

PLEASE NOTE: If this Resume Medical Clearance is voided by injury, accident, illness, and/or the participant is removed from any participation as a result of a suspected concussion or heat related illness, 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 RESUMING participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation."** This statement must be supplied by the physician and/or athletic trainer attending to the Participant.

I have read and fully understand and agree,

_____ _____ _____/_____/_____

Print Name Signature Date

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