



Jump Start™
Volleyball Academy

Medical Clearance Form

I,(physician) hereby certify after examination that..... attending grade at.....(school) is in good physical condition to participate in all terrain volleyball programs and activities and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Physician's

Signature_____Date_____

OR

Provide any physical accompanied with a physician's signature dated within the last 12 months.