

## 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 of your child's last physical and will cover all SFC sponsored programs. Form submission can be done via (in order of preference):

- **US Mail:** Scarborough Football Club, PO Box 862, % SFC President, Scarborough, ME 04070-0862
- **Hand Carry** the completed form with you to your first scheduled SFC meeting/event and submit to the appropriate program coordinator.
- **Scan and Email** the document. We strongly encourage you use email encryption to protect your child's personal, medical information. Email the completed document to [President@ScarboroughYouthFootball.com](mailto:President@ScarboroughYouthFootball.com).

**\*\*NOTE\*\*** This form expires on the one-year anniversary of the child's last physical examination. It is the parent or guardian's responsibility to schedule an annual physical and provide an updated form to SFC for the next year. 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 Signature:</u>
<u>Address:</u>	
<u>Child's Date of Birth:</u>	<u>Grade (entering in fall):</u>

**Physician's Report of Examination:** This form is intended to ensure child safety while participating in youth sports. SFC does not require an additional physical within a calendar year to complete this form. This form is valid with a child's annual physical as long as it's within the last year. 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>		