



## Medical Clearance Form

*The Medical Clearance Form must be dated after January 1 of the current season.*

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of Washington and am qualified in determining that:

\_\_\_\_\_  
*Participant's Name*

is physically fit and I have found no medical or observable conditions which would contraindicate him/her from participating in youth flag football, tackle football, cheer, dance, step, or athletic activities.

I am therefore clearing this individual for athletic participation.

*Please Print – or – Use Office Stamp Here:*

<p>_____ Signature</p>	<p>_____ Print Name Clearly</p>
<p>_____ Date <i>(Must be dated after January 1 of the current season)</i></p>	<p>_____ Office Address</p>

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participant's Coach and League Officials. It will also be the responsibility of the Parent/Legal Guardian to obtain WRITTEN permission from his/her State Licensed Medical Examiner 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: "(Participant's Name) is physically fit and I have found no medical or observable conditions which would contraindicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

This statement must be supplied by the physician attending to the injury, accident, or illness.

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