

OAKLAND MACOMB YOUTH FOOTBALL ASSOCIATION



CLAWSON MAVERICKS



2024 PHYSICAL EXAMINATION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN
A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE CURRENT SCHOOL YEAR

NAME		GRADE	AGE	WEIGHT
ADDRESS (STREET, CITY, ZIP)				
FATHER'S NAME	FATHER'S WORK #	MOTHER'S NAME	MOTHER'S WORK #	
DOCTORS NAME	DOCTORS PHONE #		EMERGENCY #	

INSURANCE STATEMENT

OUR SON/DAUGHTER WILL COMPLY WITH THE SPECIFIC INSURANCE REGULATIONS OF THE O.M.Y.F.A.

FAMILY INSURANCE CO. _____

CONTRACT # _____

ANY MEDICAL CONDITIONS _____

ALLERGIES _____

MEDICAL HISTORY

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
HAVE YOU EVER HAD:			HAVE YOU EVER HAD:			DO YOU NOW HAVE:		
FAINTING			JAUNDICE			PAINFUL JOINTS		
DIPHTHERIA			SICKLE-CELL ANEMIA			BACKACHES		
SCARLET FEVER			BLEEDING DISORDER			POUNDING OF HEART		
RHEUMATISM			CONCUSSION			SHORTNESS OF BREATH		
RUPTURE			SPRAIN OR FRACTURE			FREQUENT URINATION		
RHEUMATIC FEVER			SURGERIES			COUGH		
POLIOMYELITIS						NOSEBLEEDS		
PNEUMONIA			DO YOU NOW HAVE:			FREQUENT SORE THROATS		
ASTHMA			BLURRED VISION			STOMACH PAINS		
DIABETES			HEADACHES			CHRONIC FATIGUE		
HEART DISEASE			FAINTING					
KIDNEY DISEASE			CONVULSIONS					
TUBERCULOSIS			BLACKOUTS					

PHYSICAL EXAMINATION

SYSTEM	NORMAL	ABN.	SYSTEM	NORMAL	ABN.
VISION			HEART		
BLOOD PRESSURE			ABDOMEN		
PULSE RATE			HERNIA		
ORTHOPEDIC			GENITALIA/TESTICULAR EXAM		
CHEST			NEUROLOGIC		
LUNGS			MUSCULAR		

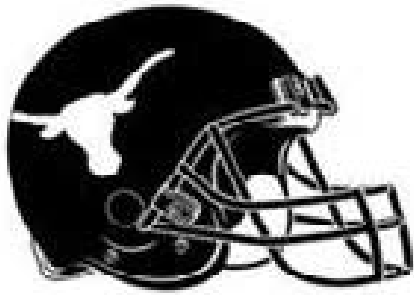
MUST BE COMPLETED BY THE EXAMINING MD, DO, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER
(CATEGORIES MAY BE ADDED OR DELETED; CHECK APPROPRIATE COLUMN)

RECOMMENDATIONS: _____

I CERTIFY THAT I HAVE EXAMINED THE ABOVE PARTICIPANT AND RECOMMEND HIM/HER AS BEING ABLE TO COMPETE IN SUPERVISED ATHLETIC ACTIVITIES NOT CROSSED OUT BELOW.

BASEBALL - BASKETBALL - CHEERLEADING - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
ICE HOCKEY - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

X			
	EXAMINER SIGNATURE		DATE SIGNED
X			
	EXAMINER PRINTED NAME	TELEPHONE #	DATE SIGNED
X			
	PARENT/GUARDIAN SIGNATURE	EMERGENCY #	DATE SIGNED



Clawson Mavericks Football & Cheerleading Registration for 2024

Online registration opens for boys and girls ages 6 to 13 on **Friday, March, 15**. Register early as there will be limited space on each squad. To register go to www.clawsonmavericks.com and follow the link.

2024 Fee Schedule:

Varsity (Ages 12-13) is \$135 per child

Freshman (Ages 8-9), JV (ages 10-11) is \$135 per child

Flag Football/Flag Cheer (ages 5-7) is \$85 per child

Family discount of \$15 per additional child

Come be part of the Maverick Family!!

Payment plans are available

If you have any questions, please visit our website at www.clawsonmavericks.com

“This is not a school-sponsored event. The City of Clawson and Clawson Public School assumes no responsibility for children traveling to and from this activity.”