

PHYSICAL FORM

Form must be completed only by a licensed medical professional
Form must be dated **AFTER July 31, 2019**

Participant's Name: _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in youth football and/or cheering. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in NorthEast Conference Youth activities. I am therefore clearing this individual for athletic participation without limitation.

Signed and Stamped: _____

Date: _____

Office Address: _____

Phone: _____