



# North of the River Youth Tackle Football

## Physician's Statement

This is to certify that \_\_\_\_\_ has completed a basic physical on \_\_\_\_\_, 20 \_\_\_\_ and is cleared physically to participate in the North of the River Youth Tackle Football program.

Height \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name Printed \_\_\_\_\_

Physicals must be completed after January 1 to be valid. Physicals must be completed and form turned in before a player can participate in preseason conditioning or contact. Copy of this form must be turned in with registration form.