NORTH BAY YOUTH FOOTBALL AND CHEER

Association Name

2025 MEDICAL CLEARANCE EXAMINATION

Name of Player or Chec	erleader	Age	Division	า
This examination does date, based upon my ol to participate in tackle for dated no earlier than M	bservations, n ootball and/or	neet the requirem	ents for the above	named child
Please list any known a requiring maintenance i	•		· ·	•
ADDITIONAL REMARI	KS:			
Doctor's Signature		Date	(<u>)</u> Phone #	
			<i>\</i>	

Doctor's office stamp needed in box above to complete this document.