



NCJFA / PORTAGE PARK COUGARS

Medical Clearance Form

This form must be dated after January 1st. of the current season

I, hereby my signature below, do certify that I am licensed by the State of Illinois, and am qualified in determining that: (Player's Name) _____ is physically fit and I have found no medical or observable conditions that would contra-indicate him / her from participating in youth football, cheer or other athletic activities. I am therefore clearing this individual for athletic participation.

Signature:

Print Name Clearly:

Date: _____ / _____ / _____

Office Address:

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 physician on the doctor's official stationary, and must include the following statement: (Participant's Name) is physically fit and I have found no medical or observable conditions that would contra-indicate him / her from participating in youth football, cheer or other 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 due to medical practitioner regulations.