



2017 Health Form
Belleville Tigers Youth Football and Cheer

Open to all boys and girls ages 6 to 14 (Mini Pom ages 3-6)
For more information email RegistrarBCFC@gmail.com

Player Name _____

Last

First

Middle

Address _____

City _____ Zip Code _____

Date of Birth _____

I have examined the child named above and find them to be in good physical health, and able to participate in the sport of ___Tackle Football or ___Cheer with Stunts.

Known Allergies/Medical Conditions _____

Weight _____ (Needed for Football Players)

Physician Name _____

Signature _____

Office Phone Number _____

Office Address _____

Date of Exam _____ Date Exam good till _____

Office Stamp (if available)

For the confidentiality of the patient health, only this signed and dated form need to be turned in to the Belleville Tigers Youth Football and Cheer Organization. If you choose to turn in the actual physical provided by your child's doctor, please insure the Child's Name, Date of Examination, Physician Signature, or Official Printout from office is on the form.