

2020 Physician's Statement of Consent to Play Sports

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in tackle football, cheerleading, or athletic activities. I am therefore clearing this individual for athletic participation.

Physician	Today's Date _____ / ____ / ____ <i>(Must be dated after Jan 1 of playing year)</i>	Physician, Please print name and address, or use stamp: _____ Physician's Name:
	_____ <i>(Physician or Nurse Practitioner's Signature)</i>	_____ Physician's Address:

PLEASE NOTE: If this Medical Clearance is voided by injury, concussion, 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 to resume participation. A "Doctor's Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participant's Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in CTYFL football or cheerleading activities. I am therefore clearing this individual for athletic participation."

THIS FORM MUST BE SIGNED BY THE PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER TO BE APPROVED BY THE LEAGUE !

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