



Medical Card

This form is **mandatory** and must be properly completed and turned prior to in order for your child to participate in any T-Bird activity.

Instructions - Please read and follow carefully

1. Print this form on white paper (card stock preferred). Do not change the size as the card must measure 3"x5".
2. A physician must sign the card.
3. The address and phone number must be legible; physician stamp is preferred for authenticity.
4. Date signed **MUST** be in this calendar year (the examination must be within 2 years of the date signed).
5. **DO NOT WRITE OR MARK OUTSIDE OF THE 3"X5" BORDER.**

EXAMINING PHYSICIAN'S STATEMENT

I hereby certify that _____
Name of youth
was examined by me on _____, 20_____
and found physically fit to engage in the NorCal Elite Youth Football &
Cheer program.

Signature of physician

Address

Date signed

Phone #