

**JOHN STARK GENERALS
FOOTBALL & CHEER ASSOCIATION**

2016 HEALTH & PHYSICAL FORM

THIS FORM MUST BE COMPLETED AND SIGNED AFTER JANUARY 1, 2016

Name: _____ Age: _____

Address: _____

Telephone: _____ Sport (Circle One): Football Cheerleading

Does the child have any condition that may prevent participation in strenuous exercise for 6-10 hours a week through the duration of the season? (Circle One) YES NO

If yes, describe the condition(s): _____

Is the child taking any medication? (Circle One) YES NO If yes, describe: _____

Does the child have asthma, or any other respiratory condition? (Circle One) YES NO

If yes, is the child using an inhaler? YES NO Frequency of Use: _____

Does the child have any speech, hearing or eyesight impairment which might have an affect on their participation in the program? (Circle One) YES NO If yes, describe:

Does the child wear glasses or contacts during practice and game situations? (Circle One) YES NO

Does the child have any allergies? (Circle One) YES NO If yes, what are they? _____

Has the child ever been told not to participate in any sport for medical reasons? (Circle One) YES NO
If yes, describe:

Parent/Guardian Signature: _____ **Date:** _____

PHYSICAL RELEASE SECTION

Date of Child's Last Physical: _____

I state that the child named on this form is physically fit, and there are no observable conditions which would contraindicate his/her playing football/cheerleading.

Please use office stamp, or print address on the line provided below:

Physicians Signature: _____ Date: _____