



Medical Readiness Form

I understand that the requirements of this sport are as follows:

- **Tackle Football:** Requires full contact with standard football protective equipment. Requires conditioning for games and practices lasting up to 2.5 hours.
- **Flag Football:** Requires conditioning for games and practices lasting up to 1.5 hours.
- **Cheerleading:** Requires the ability to participate in cheers, stunts and holds during games and practices lasting up to 2 hours.

I certify that _____ receives routine medical care
(Child's name)
 at my office and is physically qualified to participate in

(Circle one)

TACKLE FOOTBALL

FLAG FOOTBALL

CHEERLEADING

Date of last tetanus shot: _____

Date of last physical: _____ (must be within 24 months of date below)

Signature of Physician/ Nurse Practitioner / Physician's Assistant

Date

Print name off Physician/ Nurse Practitioner / Physician's Assistant

Telephone Number

This form must be signed by a Physician, Nurse Practitioner, or Physician's Assistant.