

GOLD COAST YOUTH FOOTBALL LEAGUE

Player/Cheerleader Physical Form Season: _____ Chapter: _____

Section II: Physical description & condition at sign-up

Participants Name: _____

Height _____ Ft. _____ In. Weight _____ Lbs.

Hair _____ Eyes _____

Health History

Family Physician _____ Phone # _____

Other Caregiver _____ Phone # _____

Current Medications _____

Current Problems	Yes	No
Asthma		
Kidney Injury		
Head Injury		
Shoulder or Hip Injury		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Preferred Emergency Room (Hospital) _____

Medical Examination

Height _____ Weight _____ Blood Pressure _____ Temperature _____

Ear _____ Eyes _____ Nose _____ Throat _____

Heart _____ Lungs _____ Skin _____ Teeth _____

Hernia _____ Abdomen _____ Extremities _____ Feet _____

Remarks: Please check appropriate block.

() While this examination does not constitute a complete medical examination, it does on this date, and based on my observation, meet the requirements for participation in the Youth Football Program.

() The individual examined by me on this date is considered “not” physically qualified to participate in this Youth Football Program for the following reasons:

DATE: _____

Examined By: _____ **Office Phone #** _____

Address: _____