

PHYSICIAN CLEARANCE SECTION (To be completed by physician's office)

This Is Mandatory and Must Be Completed By the participants Doctor's Office.

THIS FORM CANNOT BE COMPLETED PRIOR TO SEPTEMBER 1ST 2019.

THIS FORM MUST BE TURNED INTO THE LUMBERTON HURRICANES NO LATER THAN AUGUST 15, 2019.

Child's Name: _____

Date Of Child's Last Physical: _____

I state that the child named on this form is physically fit, and there are no observable conditions that would contraindicate his/her participation in either; **(circle one)** Tackle Football / Recreational Cheerleading.

Physician's Signature: _____ Date: _____

Please Use Office Stamp, Or Print Address On the Lines Provided Below:

Physician's Office Address: _____
Street City State Zip

Physician Telephone No.: _____

**** Please bring this form completed to first practice or mail prior to August 5, 2019 to:**

**Hurricanes Youth Football Club Inc.
P.O. Box 172
Lumberton, NJ 08048**

