

COYFC PHYSICAL FORM

All COYFC participants (cheerleader and football player) are requested to have annual physical examination by medical practitioner certifying that the participants is physically fit to participate in athletics.

At master registration day we will have a physician on hand perform physicals for both football and cheer. Physician's fee must be at the time.

Participants may decide to bring a note from their personal physicians for the physical. Note must be on official physician's letterhead/prescription pad and state:

- Football Player, **"Can play contact tackle football without and physical limitations"**.
- Cheerleaders, **"Can cheer without any physical limitations"**.

Please make sure the physicians sign and has complete address and phone number on the note along with the date of examination. Or you can provide this form for you physicians to fill out.

All Physicals must dated after May 31st

SECTION IV MEDICAL EXAMINATION BY QUALIFIED DOCTOR OF MEDICINE OR PHYSICIAN (All information in this section MUST be legible)

HEIGHT _____	WEIGHT _____	BLOOD PRESSURE _____	TEMPERATURE _____
EARS _____	EYES _____	NOSE _____	THROAT _____
HEART _____	LUNGS _____	SKIN _____	TEETH _____
HERNIA _____	ABDOMEN _____	EXTREMITIES _____	FEET _____

CHECK APPROPRIATE BLOCK:

Male Female

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 San Gabriel Valley Junior All-American Football Conference.

Individual examined by me on this date is considered not physically qualified to participate in this youth football program for the following reasons:

EXAMINED BY DR.	DATE	ADDRESS	OFFICE TELEPHONE NO.
-----------------	------	---------	----------------------