



# RAPIDS RAPTORS YOUTH FOOTBALL 2009 PHYSICAL EXAMINATION FORM

(Print or Type)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_  
Last, First, Middle Init. As of 8/1/2009

ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NUMBER \_\_\_\_\_

The above named student has been examined and there are no apparent conditions that would prevent him/her from participating in any Rapids Raptor Youth Tackle Football and Cheerleading activities except as follows: (If None-write NONE)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Activities in which the above named student may not participate in are: (If None-write NONE)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any restrictions: \_\_\_\_\_

Please check any of the following conditions that apply:

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Glasses/Contacts \_\_\_\_\_ Dental Braces \_\_\_\_\_

Note any details of conditions from above that the Association and coaches need to be aware of:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Signature of Licensed Physician: \_\_\_\_\_

\*Physicians may authorize Nurse Practitioners or Physicians Assistants to stamp this form with the physician's signature or the name of the clinic with which the physician is affiliated.

Date of Examination: \_\_\_\_\_ Clinic \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

1. Examinations taken after January 1, 2008 are good for the 2009 season.
2. Examination forms must be signed, dated and submitted prior to the first practice at the start of the season.
3. No players or cheerleaders will be allowed to participate in any Rapids Raptor Youth Tackle Football activities until this form is completed and on file.