



RAPIDS RAPTORS YOUTH FOOTBALL 2008 PHYSICAL EXAMINATION FORM

(Print or Type)

NAME _____ AGE _____ SEX _____ WEIGHT _____ HEIGHT _____
Last, First, Middle Init. As of 8/1/2007

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 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, 2007 are good for the 2008 season.
2. Examination forms must be signed, dated and submitted prior to the first practice at the start of the season.
3. No players of cheerleaders will be allowed to participate in any Rapids Raptor Youth Tackle Football activities until this form is completed and on file.