

Area:

Division:



GOLDEN EMPIRE YOUTH FOOTBALL

Physician's Statement

This is to certify that _____

Completed a basic physical on _____ and is
cleared physically to participate in the sport of tackle football.

Blood Pressure: _____ Pulse: _____ Respiration _____

Height: _____ Weight: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____

Physician's Comments: _____

Please note: Physicals must be conducted and forms turned in before a player may participate in preseason conditioning or contact. Physical must either be on file or presented at time of equipment requisition before any equipment will be issued.