



The official youth football and cheer program for Capital Christian High School

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15, 2023.

Child's Name: _____ Age: _____

Date of Birth: _____

Known Food or Drug Allergies:

Known Disabilities or Medical Conditions:

Physician's Statement of Health:

(Must be completed by a medical doctor)

I certify that I have examined

And have found no gross evidence of any abnormality that will keep him/her from participating in the Capital Christian Jr. Cougar youth tackle football and/or Cheer program.

Physician's Name:

Address:

Phone:

Signature: _____

Date: _____

Physician's Stamp

REQUIRED



Member of the Sierra Athletic Conference League