RIVER CITY JUNIOR RAIDERS
YOUTH FOOTBALL & CHEER

PHYSICAL FORM

Physical Form must have Doctor Stamp (Must be for 2019 Calendar Year, dated after April 1, 2019)

Child's Name: _____ Age: _____ DOB: ____/____/_____

Any Known Allergies: Yes/No. If yes, please list allergies: _____

_____

Any Known Disabilities: Yes/No. If yes, please list any: _____

_____

Physicians Statement of Health: _____

I certify that I have examined _____and have found no gross evidence of any abnormality that will keep him/her from participating in the Youth Sports Program.

Physicians Name: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

DOCTOR'S STAMP HERE