



NORCAL FOOTBALL CONFERENCE (NFC)
2025 Spring Player/Cheerleader Participant
Sports Physical



Participant Name:	Birthdate	Age	Football or Cheer
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Assumption of Risk and Consent for Treatment

I understand that there is an inherent risk of injury with my participation in contact sports, and that this injury may lead to permanent disability or death. In the event of routine emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by the league medical staff, physicians associated with other community facilities as needed.

Signature of Parent / Guardian:		Date:
Print Name of Parent / Guardian:		
Emergency Contact:	Phone #:	Relationship

Medical Insurance Information

Indicate the status of your personal health insurance coverage. If covered, the information indicated below must be provided for all applicable policies.

I am **not** covered by a health/accident insurance policy. I am covered by my own health/accident insurance policy. I am covered by my parents' health/accident insurance policy.

Health Insurance Company Name & Address:

Group #: _____ **Policy #:** _____

<p>Physician Exam Date: _____</p> <p><i>I, as evidenced by my name and signature below, do certify that I am licensed MD and or DO in the state of California and am qualified in determining that: (Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.</i></p> <p>Signature of Doctor: _____ Date: _____</p> <p>DOCTOR'S ADDRESS STAMP</p> <p><i>THIS MUST BE COMPLETED BY A LICENSED HEALTH MD OR DO ONLY. NOT THE PARENT, COACH, OR GUARDIAN</i></p>

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician (either MD or DO) to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation. This statement must be supplied by the physician attending to the injury, accident, or illness.