AMERICAN YOUTH FOOTBALL

Medical Clearance Form

ASSOCIATION NAME - ISAC- East Nicolaus Jr. Spartans

Medical Clearance Form - Must be dated after January 1st, 2026

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs 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.

	Please Print - or - Use Office Stamp Here:
_____ *Signature:*	_____ Print Name Clearly:
Date: _____ / _____ / _____ *(Must be dated after January 1st, of the Current Season)*	_____ Office Address:

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 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.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.