



Association: _____
(example: Berryessa, Evergreen, etc.)
Check one: FOOTBALL CHEER

2017 SEASON
SAN JOSE PAL FOOTBALL/CHEER MEDICAL EXAM FORM

Note: This form must be dated after January 1st of the season to be played and then submitted to PAL.

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY.
Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

I understand that this medical authorization may be voided in the event of injury, illness, or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official I writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness, or accident.

Signature of Parent or Legal Guardian: _____

Print Name _____

Relationship to Participant _____

Dated _____

Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in the San Jose PAL Football/Cheer program. I hereby swear and attest that this individual is physical fit and I have found no medical reason which would prevent this individual from safely participating in San Jose PAL Football activities for the upcoming season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or fill out the following:

PLEASE USE A DOCTOR'S OFFICE STAMP

STAMP HERE

Must have stamp

Height _____

Weight _____

D.O.B. _____

Physician's Signature _____

(Please do not use black ink) Per PAL regulations, this must be an ORIGINAL SIGNATURE