VISTA JR. EAGLES FOOTBALL AND CHEER

Medical Clearance

The completed physical must be for this Calendar Year and dated after **April 15, 2026.**

Childs 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 **Folsom Vista Jr Eagles 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