

Nevada Youth Football League

Official Physical Form

Child's Name: _____ Birthdate _____ Sex: _____ Age: _____
Last First MI

Parent (Guardian's) Name _____

Home Address: _____ Home Phone _____
Number & Steet City State Zip

Emergency Contact: _____ Home Phone _____

Do Not Write Below This Line -- To be completed by a Licensed Physician Only

Doctor's Name _____ Phone: _____
Please Print

Address: _____
Number & Steet City State Zip

Any Allergies: Yes No If Yes, Please Explain: _____

Medication Needed: Yes No

Eyes: RT: _____ LT: _____ Ears: RT: _____ LT: _____

Heart: _____ BP: _____

Lungs: _____ Spine: _____

Height: _____ Weight: _____

Any Operations or Serious Injuries:

Yes No

Any Disabilities or Chronic Illness:

Yes No

Any Limitations to Physical Activity (Football):

Yes No

Any Current Medication Needed During Activity (Football):

Yes No

If any of the above answers are YES, please explain below:

I, _____ certify that the above named player can participate in football/cheerleading.
Doctor's Signature

Date: _____

Health Insurance Coverage:

Name of Company: _____ Policy or Group #: _____

Should there be no health coverage, I as the legal guardian of the above named child, accept full responsibility for the payment to the hospital and/or medical practitioner for any medical bills incurring from the result of injury to my child while participating in a Nevada Youth Football League event.

Legal Guardian: _____ Date: _____
Parent or Legal Guardian's Signature