New Hampshire Youth Football & Spirit Conference
Medical Clearance Form 2020

ASSOCIATION NAME - _____

Must be Signed & Dated after January 1st, 2020

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 or athletic activities. I am therefore clearing this individual for athletic participation.

The following are example of skills and abilities that a participant needs to have:

Cheer participant needs: ability to support team members in a pyramid/stunt, lifting or pulling a team member up over their shoulders, pulling or lifting themselves up on another teammate, coordination to move in unison, able to be in cold weather, and to be able to stand for duration of 2-3 minutes for competition, follow direction of coaches.

Football participant needs: physical contact, short burst of running, balance and coordination, leg and arm strength, and able to be in cold weather, follow direction of coaches.

This form must be signed by any Licensed State Examiner; (i.e. Medical Doctor, Registered Physician Assistant, Registered Nurse Practitioner, etc.) that the candidate is physically fit.

Signature & Date: ***(Must be dated after January 1st, 2020)***	***Please Print - or - Use Office Stamp Here:*** Print Name Clearly - Including 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 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.