

Bel Air Youth Football

MEDICAL CLEARANCE FORM

Players Name: _____ **Date of Birth:** _____

I, hereby my signature below, do certify that I am licensed by the state and am qualified to determine that the above named player is physically fit and I have found no medical or observable conditions which would prevent him/her from participating in youth tackle football. I am therefore clearing this individual for participation in the Bel Air Youth Football Program.

Physician's Signature

Date

Practice Name: _____

Address: _____

Phone: _____

PLEASE NOTE: If this medical clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Guardian to notify the Head Coach and/or Program representative. It will also be the responsibility of the Parent/Guardian to obtain written permission from his/her physician to resume participation.

The Bel Air Football Program retains the right to refuse a players participation in the program if, upon review by the programs board of directors a players injuries and/or medical condition may preclude the player from conducting all required activities of the program or that the player has a history of related injuries. Additionally, the Bel Air Football Program may require a player to purchase (at their own expense) additional protective equipment prior to being authorized to participate in the program.

For head related injuries, any player suffering a head related injury prior to and during the current season will be required to obtain a full release from a certified neurosurgeon prior to participation being authorized in the program. Any player suffering 2 or more head related injuries in a 24 month period will not be permitted to participate in the program until a full release from a certified neurosurgeon is obtained.