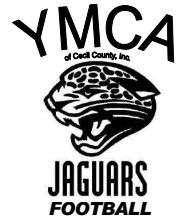




Jaguars Youth Football
Physical Examination Form for League & Tournament Play*



Player's name: _____ Date of Birth _____

Address: _____ Town _____ State _____ Zip _____

Family Physician's Name: _____ Phone: _____

Address: _____ Town _____ State _____ Zip _____

Physician's Hospital Preference & Special Instructions: _____

Height _____ Weight _____ Eyeglasses (✓) Yes _____ No _____

Limitations: _____ Special Equipment Needed: _____

Please list any allergies and/or medical conditions, including those requiring maintenance medications. (i.e. Diabetes, Asthma, Allergies, Seizure Disorder, etc.)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical condition, which may interfere with or alter emergency treatment.

We will provide the appropriate age group Head Coach with a photocopy of this Physical Examination Form as well as emergency phone numbers & any additional information we have received.

The Youth Football Program does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.

It is my opinion that _____ is in good physical condition and able to play contact football.
Physician. Signature: _____ Date: _____

***ALL JAGUAR FOOTBALL PLAYERS MUST HAVE A CURRENT, UPDATED PHYSICAL FORM ON FILE IN ORDER TO PARTICIPATE IN THE PROGRAM. (Due by start of practice, 08/01/10)**