

SHENANDOAH VALLEY YOUTH FOOTBALL AND CHEER LEAGUE
MEDICAL CLEARANCE FORM

ASSOCIATION NAME: Strasburg Yout Cheerleading League
MEDICAL CLEARANCE FORM - MUST BE DATED AFTER JANUARY 1ST 2025

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (child's name:) _____ is physically fit and I found no medical or observed conditions which would contra-indicate him/her from participating in youth tackle football, cheer, dance or athletic activities. I am therefore clearing this individual for athletic participation.

Signature

_____/_____/2025
Date:-must be dated after Jan. 1st 2025

Print name clearly

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 participant's 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 observed conditions which would contra-indicate him/her from participating in youth football, cheer, dance or other 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**