



Christian Brothers Junior Falcons

The official youth football and cheer program for Christian Brothers High School

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15th

Childs Name: _____ Age: _____

Date of Birth: _____

Known Food or Drug Allergies:

Known Disabilities or Medical Conditions:

Physicians Statement of Health:

(Must be completed by a medical doctor)

I certify that I have examined _____

And have found no gross evidence of any abnormality that will keep him/her from participating in the Christian Brothers Junior Falcons Youth Football and/or Cheer Program.

Physicians Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

Physician's Stamp
REQUIRED



Member of the Sierra Athletic Conference League