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 **PHYSICIAN CLEARANCE SECTION** (To be completed by physician’s office)

**This Is Mandatory and Must Be Completed By the participants Doctor's Office.**

**THIS FORM CANNOT BE COMPLETED PRIOR TO SEPTEMBER 1ST 2021.**

**THIS FORM MUST BE TURNED INTO THE RV HURRICANES NO LATER THAN March 1, 2022.**

**Child’s Name:**

**Date Of Child's Last Physical:**



**I state that the child named on this form is physically fit, and there are no observable conditions that would contraindicate his/her participation in either; (circle one)** Tackle Football / Recreational Cheerleading.

**Physician's Signature: Date:**

**Please Use Office Stamp, Or Print Address On the Lines Provided Below:**

**Physician's Office Address:**

Street City State Zip

**Physician Telephone No.:**

**\*\* Please bring this form completed to the first practice or email to** **melindarhaines@gmail.com** **prior to March 1, 2022**