



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

**THIS IS MANDATORY AND MUST BE COMPLETED BY THE PARTICIPANT'S DOCTOR'S OFFICE.**

**THIS FORM CANNOT BE COMPLETED PRIOR TO SEPTEMBER 1, 2024.**

**THIS FORM MUST BE TURNED INTO THE RV HURRICANES NO LATER THAN JULY 28, 2025.**

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 [jmarietta@rvhurricanes.com](mailto:jmarietta@rvhurricanes.com) prior to July 28, 2025**