



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, 2025.

THIS FORM MUST BE TURNED INTO THE RV HURRICANES NO LATER THAN AUGUST 3, 2026.

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 prior to August 3, 2026**