

2009 Cougars Physical Form

Check one: Football _____ Cheerleader _____ Birth Date: _____

Child's Name _____

Address _____

City _____ Zip _____ Phone _____

Weight _____ Height _____

Physician to complete:

_____ I have examined this child and found him/her to be in excellent health and physical condition and see no reason he/she cannot engage in football/cheerleading.

_____ I have examined this child and found him/her to be unqualified to engage in football/cheerleading for the following reason(s):

List any major illness within the last year (please include asthma information):

Physician's name and address (please print or stamp)

Signature of Physician: _____

Parents: This form must be completed and returned to the Unit Director on or before First day of practice in July 2009 for the child to be eligible to practice.