

BADGERLAND AMERICAN YOUTH FOOTBALL LEAGUE 2021 PHYSICAL EXAMINATION FORM

(Print or Type)

NAME _____ <i>Last, First, Middle Init.</i>	AGE _____ <i>As of 9-1-2021</i>	SEX _____	Weight _____
ADDRESS _____ <i>Street City State Zip</i>			

The above named student has been examined and there are no apparent conditions that would prevent him/her from participating in any Badgerland AYF activities except as follows: (If none-write NONE)

Activities in which the above named student may not participate in are: (if none, write NONE):

Please list any restrictions: _____

Note any of the following that apply:
Asthma _____ *Allergies* _____ *Glasses/contacts* _____ *Dental braces, etc* _____
Note any other medical condition that the Association and coaches need to be aware of:

Signature of licensed physician* _____
**Physicians may authorize Nurse Practitioners or Physicians Assistants to stamp this form with the physicians' signature or the name of the clinic with which the physician is affiliated.*

Date of Examination: _____ Clinic _____

Parent/Guardian Signature _____

1. Examinations taken after **November 1, 2020** are good for the 2021 season.
2. Examination form must be dated, signed and submitted prior to the first practice at the start of the **2021** season (August, 2021)
3. **No** players or cheerleaders will be allowed to participate in any Badgerland AYF activities until this form is completed and on file or until a certification of examination dated after November 1, 2020 has been presented.