

AMERICAN YOUTH FOOTBALL
Resume Participation Medical Clearance Form
ASSOCIATION NAME - _____

**RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME
PARTICIPATION OF ANY KIND AFTER ORIGINAL MEDICAL CLEARANCE IS VOIDED BY
AN, INJURY, ACCIDENT, OR ILLNESS.**

I, as evidenced by my name and signature below, do certify that I am licensed MD or DO in the state of _____ and am qualified in determining that:

(Childs Name:) _____ is physically fit

and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"><div style="display: flex; align-items: center;"><div style="width: 20px; height: 15px; border: 1px solid black; margin-right: 5px;"></div><div>Signature: _____</div></div></div> <div style="display: flex; align-items: center;"><div style="width: 20px; height: 15px; border: 1px solid black; margin-right: 5px;"></div><div>_____/_____/_____ Date: _____</div></div>	<p><i>Please Print - or - Use Office Stamp Here:</i></p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">Print Name Clearly: _____</div> <div style="border-bottom: 1px solid black; text-align: center;">Office Address: _____</div>
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NOTE: This Resume Participation Medical Clearance is voided by injury, accident, or illness, and it is be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It is also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician (MD or DO) to resume participation. A new "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer , dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

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This statement must be supplied by the physician attending to the injury, accident, or illness.

This form may be modified or substituted to comply with local and/or state laws or due to medical practitioner regulations.