



WHITNEY JR. WILDCATS FOOTBALL & CHEER

The official youth football and cheer program Whitney High School

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15th 2026

Childs Name: _____ Age: _____

Date of Birth: _____

Known Food or Drug Allergies:

Known Disabilities or Medical Conditions:

Physician's Statement of Health:

(Must be completed by a medical doctor)

I certify that I have examined

And have found no gross evidence of any abnormality that will keep him/her from
participating in the Whitney Jr. Wildcats youth tackle football and/or Cheer program.

Physician's Name: _____

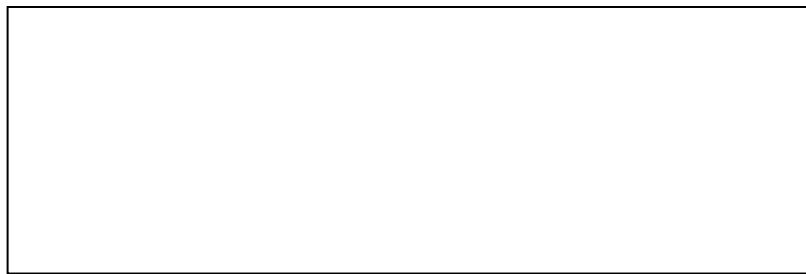
Address: - _____

Phone: _____

Signature: _____ Date: _____

Physician's Stamp

REQUIRED



Member of the Sierra Athletic Conference League