



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)