

North of the River Youth Tackle Football Physician's Statement

This is to certify that _____ has completed a basic physical on _____, 200 ____ and is cleared physically in the North of the River Youth Tackle Football program.

Height _____ Weight _____ DOB _____

Physician's Signature _____ Date _____

Physician's Name Printed _____

Physicals must be completed after April 1 to be valid. Physicals must be completed and form turned in before a player can participate in preseason conditioning or contact. Copy of this form must be turned in with registration form.



North of the River
recreation and park district