

**YORK SUBURBAN FOOTBALL CLUB
YORK COUNTY YOUTH FOOTBALL ASSOCIATION
PHYSICAL EXAM FORM – 2021 SEASON**

PLAYER NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER:

YEARS OF EXPERIENCE:

HEALTH CERTIFICATION

HEALTH INSURANCE

POLICY NUMBER

******* BELOW TO BE COMPLETED BY HEALTH CARE PROVIDER *******

CLEARED TO PLAY FOOTBALL/CHEER: YES NO

RESTRICTIONS:

HEALTH CARE PROFESSIONAL SIGNATURE:

DATE:

PRINTED NAME:

OFFICE ADDRESS:

LICENSE NUMBER: