

YORK COUNTY YOUTH FOOTBALL ASSOCIATION

PHYSICAL FORM

YCYFA AUTH _____
DATE _____

SEASON 2021

PLAYER NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

YEARS OF EXPERIENCE _____ GRADE _____

HEALTH CERTIFICATION

HEALTH INSURANCE _____ POLICY NO. _____

*****BELOW TO BE COMPLETED BY PHYSICIAN*****

CLEARED TO PLAY FOOTBALL _____

RESTRICTIONS _____

PHYSICIAN SIGNATURE _____

PHYSICIAN PRINTED NAME _____

ADDRESS _____ MEDICAL PROVIDER NO. _____