



Christian Brothers Junior Falcons Football and Cheer

Physical Form

(Must be for this calendar year, dated after April 1st)

Childs Name: _____ **DOB:** ____/____/____

Any Know Allergies: No ____ Yes ____, if yes please list: _____

Any Know Disabilities: No ____ Yes ____, if yes please list: _____

Physician Statement of Health

I certified that I have examined _____, and have found no gross evidence of any abnormality that will keep him/her from participating in the youth sports program.

Physician Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____



Dr. Stamp required here to be valid