San Joaquin Jr Rams Cheer & Football

2025 Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15th 2025

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 San Joaquin Jr Rams youth tackle football and/or Cheer program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Physician's Stamp
REQUIRED

Member of the Sierra Athletic Conference League