ATTENTION!

Completion of the SDYFCC Participation Contract and the SDYFCC Physical Form does not guarantee placement in any Association or on any team/squad.

The original and two copies of the forms must be taken to your Associations regularly scheduled registration dates.

Three copies of the final report card and copies of utility bills (i.e. Phone Bill-SDG&E-Cable or Satellite) for address verification are also required.

Check your Associations website for the date, time and place for scheduled dates, and to see if there are other documents that may be required by your Association for completion of the Registration process.

SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE, INC.

PHYSICAL EXAMINATION FORM

ORIGINAL AND TWO COPIES ARE REQUIRED TO COMPLETE YOUR REGISTRATION

ASSOCIATION NAME:______________________________ **DIVISION:** F MM JPW PW JM MID UNL
(PRINT) (CIRCLE ONE)

Athlete's Name______________________________ **Birthdate**______________ **Phone**______________
Last First MI

Address______________________________ **Family Dr.**______________ **Dr.'s Phone**______________

The above named athlete has my permission to participate in San Diego Youth Football and Cheer Conference, Inc. activities and has permission to travel with a representative of San Diego Youth Football and Cheer Conference, Inc. and the local Association on any trips. In case of injury a San Diego Youth Football and Cheer Conference, Inc. representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with San Diego Youth Football and Cheer Conference, Inc., and will not hold San Diego Youth Football and Cheer Conference, Inc., the local Association or its representatives responsible for payment as the result of any accident or injury.

Medical History (to be completed by parent/guardian)

R or L Handed ______________ **Allergies to medications** ______________________________

Has athlete had the following:			Explain "Yes" Answers
1. Injuries to head, neck, bones or joints	☐ Yes	☐ No	______________
2. Any other injuries requiring medical attention	☐ Yes	☐ No	______________
3. Seizures, blackouts or any episode of unconsciousness	☐ Yes	☐ No	______________
4. Heart trouble, heart murmur, high blood pressure	☐ Yes	☐ No	______________
5. Any serious infectious disease	☐ Yes	☐ No	______________
6. Hospitalization or operations in the past	☐ Yes	☐ No	______________
7. Stomach, intestinal, or urinary tract problems	☐ Yes	☐ No	______________
8. Is athlete under care of a doctor now	☐ Yes	☐ No	______________
9. Is athlete taking any medication on a regular basis	☐ Yes	☐ No	______________
10. Any dental problems	☐ Yes	☐ No	______________

Parent or Legal Guardian Signature ______________________________ Date ______________

Physical Examination (to be completed by physician)

DATE OF PHYSICAL:______________________

HEIGHT: ______________________
WEIGHT: ______________________
BLOOD PRESSURE: ______________________
PULSE: ______________________
GENERAL APPEARANCE: ______________________
DERM: ______________________

HEAD: ______________________
NECK: ______________________
HEART: ______________________
LUNGS: ______________________
CHEST (INCLUDING BREASTS): ______________________
ABDOMEN:______________________
GENETALIA:______________________
BACK & EXTREMETIES:______________________
NEUROLOGICAL: ______________________

From the above information and the screening physical exam, in my opinion the above mentioned Athlete is physically able to participate in San Diego Youth Football and Cheer Conference, Inc. activities.

☐ YES ☐ NO

Dr. Office Seal Or Stamp Here. If "NONE" Then Attach The Doctor's Business Card Here (Required).

Is further consultation necessary? ☐ Yes ☐ No Specialty______________________

Physician's Signature______________________ M.D. Date ______________ Phone______________