



ELMWOOD PARK RUSH YOUTH FOOTBALL & CHEER Medical Clearance Form

Must be dated after January 1st of the Current Season

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that:

(Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in Youth Flag Football, Full Contact Tackle Football, Cheer, Dance, Step, Tumbling and/or any other athletic activities.

I am therefore clearing this individual for Full Contact/Athletic Participation.

TO BE COMPLETED BY STATE OF ILLINOIS QUALIFIED LICENSED INDIVIDUAL

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> _____ <div style="text-align: center;">Signature of Licensee</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> DATE: / / <small style="text-align: center;">(Must be dated after January 1st of the current season)</small> </div>	<p style="text-align: center; font-size: small;">Please Print -or- Use Office Stamp Here:</p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> _____ Print Name Clearly: </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> _____ Office Address: </div>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, Concussion or Suspected Concussion it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent/Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation.

Note that a "Doctors Resume Participation Medical Clearance Form" is not available from the Elmwood Park Rush Youth Football & Cheer Organization, which is operated under the NFP of Elmwood Park Rush Youth Football Association. Therefore, you must have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in Youth Flag Football, Full Contact Tackle Football, Cheer, Dance, Step, Tumbling and/or any other athletic activities. I am therefore clearing this individual for Full Contact/Athletic Participation.

Participant Name (Printed): _____ Date of Birth: _____