VALLEY YOUTH CONFERENCE, INC.
FOOTBALL DIVISION

PARENTS MEDICAL CLEARANCE AND PERMISSION TO PARTICIPATE

VALLEY YOUTH CONFERENCE FOOTBALL DIVISION requires that children have a medical check-up by a physician prior to participating. To participate in this Conference, the child's parent or guardian MUST fill out the statement below and sign at the bottom.

I am aware that Football is a physically demanding sport that requires strenuous effort to participate. I am not aware of any medical or physical condition(s) of this child (*name listed below*) that would limit him/her participation in the VALLEY YOUTH CONFERENCE FOOTBALL program.

PLAYER _____ CLUB _____

My child _____ has the following medical or physical condition(s) that are of concern to me: _____

Clearance to play VALLEY YOUTH CONFERENCE FOOTBALL DIVISION has been obtained through the followingmedical channels (including tests, examinations and evaluations) and approval to participate has been given by signature of Doctor indicated:

Dr. _____ Date: _____

(MUST BE FILL OUT BY A DOCTOR)

Performance Enhancing Substances - The Valley Youth Conference, its member organization representative of these organizations shall NOT recommend, promote or suggest any type of substance whether chemical, vitamin, or herbal to be used by its athletes.

PARENT/LEGAL GUARDIAN SIGNATURE _____

Date: _____