

Rancho Cordova Jr Lancers



*The official youth football and cheer program for Cordova High School*

**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:

\_\_\_\_\_

Current Weight (football only)

\_\_\_\_\_

**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 Rancho Cordova Jr Lancers 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**