



MEDICAL CLEARANCE FORM

I certify that I am a state licensed medical practitioner and am I qualified to determine that the following youth, _____, is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in Full Contact Tackle Football or any other athletic activities with Next Level Spartans. I am therefore clearing this individual for Full Athletic Participation with Next Level Spartans.

Full Name of Minor Child

Signature of Licensed Medical Practitioner - *Required*

Date - *Required*

Printed Name

Office Address or Provide Office Stamp Below

Provide Office Stamp in Space Below (*if applicable*):

IMPORTANT: If a student-athlete is injured, a new medical clearance form may be requested.