



South Florida Youth Football /Cheerleading League
Personal Physical Evaluation
(This form must be completed by a Parent or Legal Guardian.)

Park Name: _____ **Team/Pound:** _____

Player Name: _____ Date of Birth: _____

Address: _____ Apartment No.: _____

City: _____ State: _____ Zip Code: _____

Mother/Legal Guardian: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone No: _____ Cell No: _____

Email Address: _____

Father/Legal Guardian: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell No.: _____

Email Address: _____

Does your son or daughter have medical insurance? _____ Yes _____ No

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone No: _____

Group No: _____ Policy No: _____

Primary Care Physician: _____ Phone No: _____

Dear Parents or Legal Guardian:

Your son/daughter has indicated a desire to participate in the South Florida Youth Football League/Cheerleader Athletic program and have expressed your willingness to permit him/her to compete. We, who are concerned the educational development of boys and girls through athletics, feel that a properly controlled, well-organized sports program meets the players need for self-expression, mental alertness and physical growth. Our hope is to maintain a League that is sound in purpose and that will further each player's maturity. As parents, you have committed yourselves to a certain responsibilities and obligations as well. As a Parent/Legal Guardian of a potential athlete with this League, you are expected to do the following: 1) Encourage your son/daughter to work hard; 2) Attend as many games as possible and to cheer for your child's team and especially, cheer for your child. Good conduct is expected on the part of all involved. Profanity and/or unnecessary comments towards the player, game officials, Coaches and other fans will not be tolerated at any League event. Such behavior may result in the dismissal of removal of such n offender from participation in, or attendance at any League event.

Medical History

Please complete this form to the best of your abilities. This information will help South Florida Youth Football League/Cheerleaders to gain an understanding of any problem(s) and other important events in your life.

1. Does your family (parents, grandparents, brothers, and sisters) have a history of coronary artery disease, heart attack, heart murmur, bypass surgery, or any type of medical problems with your heart, before the age of 55? _____yes ___no

If yes, please explain _____

2. Have you had fainting spells, passed out, shortness of breath, difficulty in breathing, chest pains, dizziness in or out of exercise or have asthma? _____yes ___no

If yes, please explain _____

3. Have you ever had epileptic seizures, fits, convulsions, severe headaches, and epileptic seizures, and fits, convulsions, been dizzy or passed out before or after exercise? _____yes ___no

If yes, please explain _____

4. Has a physician ever denied or restricted your participation in sports for any heart problems or ever been told not to participate in sports for any reason? _____yes ___no

If yes, please explain _____

5. Have you lost weight regularly to meet requirements for your sport? _____yes ___no

If yes, please explain _____

6. Have you ever injured (sprained, fractured, dislocated, etc.) any of the following? _____yes ___no

If yes, please explain _____

_____ Head	_____ Neck	_____ Wrist	_____ Upper arm
_____ Chest	_____ Back	_____ Shoulder	_____ Shin/Calf
_____ Hip	_____ Knee	_____ Thigh	_____ Ankle

7. Have you ever had the following? _____yes ___no

If yes, please explain _____

_____ Mononucleosis	_____ Sickle Cell Anemia	_____ Stomach Ulcers	_____ Asthma
_____ Diabetes	_____ Hepatitis	_____ Tuberculosis	_____ Sickle Cell

Parent/Legal Guardian Signature _____

Sworn to and subscribed before me this _____ day of _____, 200__ as to the truthfulness of the statements set forth in paragraph one and acknowledged as being his/her free and voluntary act as to the remainder for the uses and purposes set forth therein.

NOTARY – Initial below

_____ who is personally known to me

_____ who produced identification (type) _____

NOTARY PUBLIC,
STATE OF FLORIDA _____