



*The official youth football and cheer program for Granite Bay High School*

**Medical Clearance Form**

**The completed physical must be for this Calendar Year and dated after April 15<sup>th</sup> 2025**

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Known Food or Drug Allergies:  
\_\_\_\_\_

Known Disabilities or Medical Conditions:  
\_\_\_\_\_

**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 Granite Bay Junior Grizzlies Youth Tackle Football or Cheer Program.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp  
**REQUIRED**



**Member of the Sierra Athletic Conference League**