



*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 15th 2026

Child's 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 and/or Cheer program.

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

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

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

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

Physician's Stamp (REQUIRED)