

Athletic Participation Form

This form is to be filled out completely and filed in the Organization's roster book before the student can participate in the WNC Youth Football and Cheerleading Association.

Student: _____ Date of Physical: _____

Medical History – To be complete by parents

Known history of:

A. Birth deformities (one eye, one kidney, etc.)	Yes	No
B. Past illness of more than one week	Yes	No
C. Medical conditions currently under treatment	Yes	No
D. Fractures of other disabling injuries	Yes	No
E. Any permanent deformity of disability	Yes	No
F. Allergy (drug, food, clothing, etc)	Yes	No
G. Medical disorder or convulsions	Yes	No
H. Respiratory problems i.e. asthma	Yes	No

Explain any above questions answered "yes: _____

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing Western North Carolina Youth Football and Cheerleading Association.

Parent or Guardian Signature

Blood Pressure _____

Eyes	Normal	Abnormal
ENT	Normal	Abnormal
Heart	Normal	Abnormal
Lung	Normal	Abnormal
Abdomen	Normal	Abnormal
Genitalia	Normal	Abnormal
Musculoskeletal	Normal	Abnormal
Neurological	Normal	Abnormal
Skin	Normal	Abnormal

Other _____

I certify that I have examined the above named student and that such examination revealed conditions/no conditions that would prevent this student from participating in the WNC Youth Football and Cheerleading Association, Inc.

Physician: _____

Address: _____

ID# _____

The following is considered disqualifying until medical and parental releases are obtained: acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye or testicle.