

**2025 Valley Chiefs
Football and Cheerleading Medical Clearance Form**

I, as evidenced by my name, title and signature below, do certify that I am a licensed PA, CRNP, DO or MD and am qualified in determining that the child named below is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in tackle football or cheerleading activities. I am therefore stating that:

(Child Name): _____ is cleared to participate in:

☐ Football ☐ Cheerleading for the 2025 Season

	Please Print – or – Use Office Stamp Here:
Signature	Print Name Clearly
Date	Office Address

PLEASE NOTE:

While medical clearance is necessary before any participant can engage in physical activities, this form is optional and may be substituted with a note from a PA, CRNP, DO or MD on the doctor's official stationery and includes the following statement: “(Participants Name) is cleared to participate in football / cheerleading.”

If this medical clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent / Legal Guardian to notify the participant’s Coach and League Officials.