## Youth Soccer Player Medical Clearance

## Player Information

soccer activities.

Player Name		
Date of Birth		
Parent/Guardian Name		
Contact Number		
Physician Information		
Physician Name		
Phone		
Clinic/Facility		
Medical Clearance		
Medical Conditions/Restrictions		
Comments		
I hereby certify that the above-named player has been examined and is medically cleared to participate in all		

	Physician	Signature
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Date