



Medical Clearance Form

The completed physical must be for this calendar year and dated after April 15th 2026

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 Woodcreek Jr. Timberwolves youth tackle football and/or Cheer program.

Physician's Name:

Address:

Phone: _____

Signature: _____ Date: _____

Physician's Stamp
REQUIRED

