

R.P. LEE PETERSON YOUTH CENTER
SPORTS PROGRAM

STATEMENT BY PHYSICIAN FOR ATHLETIC PARTICIPATION

Participants Name (Please Print)

Participants D.O.B.

Please list any allergies, special needs, additional diagnosis or restrictions we need to be made aware (please note additional paperwork may be required).

I hereby certify that I examined _____ and the participant was found physically fit to engage in youth sports.

(Physician Signature)

Date:

SUMMARY INFORMATION FOR PHYSICIANS

No player shall represent R.P. LEE PETERSON YOUTH CENTER until there is a physical on file with the Sports Director or Director, a statement signed by the parents or legal guardian and practicing physician certifying that he/she passed an adequate physical examination within the past year by parent or guardian to participate. Players will also not be able to participate in youth activities until the flu shot or shot waiver is on file after 30 November thru the base medical group advises the flu shot is no longer available.

PARENT CONSENT

I hereby give my consent for _____ to compete in the athletics program for R.P. Lee Peterson youth activities at Peterson SFB.

(Parent Signature)

Date:

Disclaimer: This document must be renewed yearly.