



5650 District blvd. suite 107 Bakersfield, CA 93313 - P.O. Box 20472 Bakersfield, CA 93390
Office phone 661 837-4393 Office Fax 661 837- 4393

_____	Rookie	Frsh	Soph	JV	Var
AREA(team):	Division (circle one):				

Physicians Statement

This is to certify that _____
Print Name

has completed a basic sports physical on _____ and is cleared to participate in the sport of youth tackle football.

Applicant's Blood Pressure: _____ Pulse: _____ Respiration: _____

Height: _____ Weight: _____

Physicians Name: _____

Physicians Signature: _____

Physicians Comments: _____

Please Note:

Physicals must be conducted and forms submitted to the league prior to equipment being issued and or contact practices begin. Physical must be on file with the league office or presented at time of equipment distribution. No Physical – No Equipment.