

SPORTS

Physical Form

Youth Name	Date of birth	Date of last physical
Sponsor's Name	Rank	Unit
Address	Home Phone/Cell Phone	Work Phone
Emergency Contact Information		
Contact Name	Relationship	Phone

Parent's Signature: _____ **Date:** _____

To be completed by physician:	YES	NO
The youth named above is medically qualified to participate in the Edward's Youth Sports & Fitness Program. There are no medical problems for him/her that would prevent safe participation in the Youth Sports & Fitness program.		
Is vision correction required for participation? Glasses/Contacts		
Are there health problems that should be evaluated or treated before participation in a recreational sports league or fitness activity?		
Are there medical problems/chronic (on-going) health problems that may affect participation? If yes, please provide detailed information about the specific health issue(s) and the effect on the athlete.		
Medical Remarks:		
AFI 34-144 Coaches must be alert to children who have chronic health problems.		
Date	Printed Physician's Name	Signature of Examining Physician

Each youth must have a current sports physical examination to participate in youth sports.