

**BROKEN ARROW YOUTH FOOTBALL ASSOCIATION, INC.
PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM**

REGISTRATION #

DATE: _____

PARTICIPANT'S NAME _____ AGE _____ PHONE# _____

PARENT/GUARDIAN _____

PARTICIPANT'S HEALTH HISTORY

DOES PARTICIPANT HAVE?	YES	NO	IF YES TO ANY OF THESE, PLEASE EXPLAIN IN DETAIL:
HEADACHES/DIZZINESS/FAINTING SPELLS	()	()	_____
NOSEBLEEDS OR HIGH BLOOD PRESSURE	()	()	_____
ALERGIES	()	()	_____
ASTHMA	()	()	_____
HEARING PROBLEMS	()	()	_____
CHRONIC OR REOCCURRING ILLNESS	()	()	_____
HERNIA	()	()	_____
BONE, JOINT OR SPINE INJURY	()	()	_____
LIVER, SPLEEN, KIDNEY OR SKIN PROBLEMS	()	()	_____
ORGANS MISSING	()	()	_____
TAKING MEDICATIONS	()	()	_____

LIST, IF ANY, PHYSICAL OR MENTAL LIMITATIONS THAT MIGHT LIMIT OR PREVENT THE CHILDS' PARTICIPATION IN TACKLE FOOTBALL:

The above information is true and correct:

PARENT/GUARDIAN SIGNATURE

PHYSICIAN 'S EXAMINATION

HEIGHT: _____	WEIGHT: _____	BP: _____	HEART: _____	PULSE: _____
EENT: _____	LUNGS: _____	STRUCTURAL: _____		
MOBILITY: (KNEES, JOINTS, ETC) _____		OTHER: _____		
PHYSICIAN'S COMMENTS: _____				

SPORTS PARTICIPATION APPROVED: (CIRCLE) **YES** **NO**

ARE THERE ANY SPECIFIC REQUIREMENTS? _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____