

ROCKLIN JR THUNDER YOUTH FOOTBALL & CHEER
The official youth football and cheer program for Rocklin High School



Medical Clearance Form

The completed physical form must be for this calendar year and dated after April 15, 2025.

Child's 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 Rocklin Jr Thunder youth tackle football and/or cheer program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Physician's stamp

REQUIRED



Member of the Sierra Athletic Conference League