

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: \_\_\_\_\_

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**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**