

NEW WINDSOR YOUTH FOOTBALL LEAGUE
2012 PHYSICAL FORM
Change 12.1 - Dated 120125

CHILD'S NAME: _____
SPORT/DIVISION: _____
AGE (DOB): _____
ADDRESS: _____
CITY/STATE/ZIP: _____

Executive Board

George Carlone	President
Sean Williams	Vice President
Pending	Secretary
Steve Bedetti	Treasurer
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Board of Directors

Pending	Division 3
Pending	Division 2
Pending	Division 1
Pending	Mighty Mites
Pending	Cheer Director
Pending	Concession
Pending	Equipment
Pending	Events
Pending	Maintenance
Pending	Safety
Pending	Sponsors
Jim May	Webmaster

MEDICAL HISTORY: Has your child had any of the following?
 (Circle Answer)

- | | | |
|---|-----|----|
| 1. Any severe injuries, accidents or broken bones?
If yes, specify _____ | YES | NO |
| 2. Hospitalized for any length of time?
If yes, specify _____ | YES | NO |
| 3. Allergy to any medication or insect bites?
If yes, specify _____ | YES | NO |
| 4. Is your child currently taking any drugs, medications
or undergoing any treatments? If yes, specify _____ | YES | NO |
| 5. Does your child have headaches or blurred vision? | YES | NO |
| 6. Does your child have sight in both eyes? | YES | NO |
| 7. Does your child wear glasses or contact lenses? | YES | NO |
| 8. Does your child have trouble breathing through his/her mouth? | YES | NO |
| 9. Does your child have frequent nosebleeds? | YES | NO |
| 10. Does your child wheeze, cough or have shortness of breath? | YES | NO |
| 11. Have you ever been told your child has a heart murmur or heart problem? | YES | NO |
| 12. Has your child ever had a hernia or rupture? | YES | NO |
| 13. Does your child have any problem hearing? | YES | NO |
| 14. Are there any other medical conditions your child has
that should be noted? If yes, specify _____ | YES | NO |

-----PARENT AUTHORIZATION-----

To the best of my knowledge, this health history is correct and I hereby give permission for this child to participate in the New Windsor Youth Football & Cheerleading program. Physicals due prior to June 30th (for insurance purposes, your child will not be allowed to practice without a current documented physical.)

 (Signature of Parent/Guardian)

-----BELOW TO BE FILLED OUT BY THE EXAMINING PHYSICIAN-----

BLOOD PRESSURE: _____ **HEIGHT:** _____
HEART RATE: _____ **WEIGHT:** _____

May this child participate in a vigorous football/cheerleading program? YES NO
 Child's general physical health condition is? GOOD OTHER

Comments: _____

Physician's Signature and Stamp: _____ **Date of Exam:** _____