

**Davis Junior Blue Devils and SYF
Physical Form for 2010 Season**

Child's Name: _____

Age: _____

Date of Birth: ____/____/____

Any Known Allergies: Yes/No. If yes, please list allergies:

Any Known Disabilities: Yes/No. If yes, please list any:

Physicians Statement of Health

I certify that I have examined:

and have found no gross evidence of any abnormality that will keep him/her from participating in the Junior Blue Devil Football and Cheer program.

Physicians Name: _____

Address: _____

Phone: _____

Signature: _____

Date: _____