

Roseville Jr Tigers

The official youth football and cheer program for *Roseville* High School

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15th 2026

Childs 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 _____

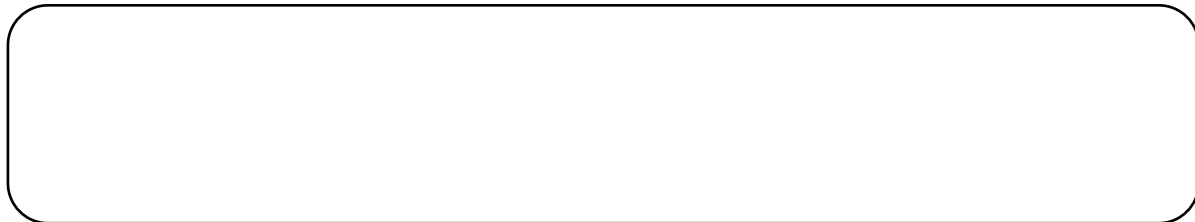
and have found no gross evidence of any abnormality that will keep him/her from participating
in the **Roseville Jr Tigers** youth tackle football and/or Cheer program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____



Physician's Stamp (REQUIRED)

Member of the Sierra Athletic Conference League

