



2025 EBYFC Football & Cheer Medical Card

This form is **mandatory** and must be properly completed and turned prior to in order for your child to participate in any SL Crusaders activity.

Instructions - Please read and follow carefully

1. A physician must sign the card.
2. The address and phone number must be legible; physician stamps are preferred for authenticity.
3. Date signed **MUST** be in this calendar year (the examination must be within 2 years of the date signed).
4. **DO NOT WRITE OR MARK OUTSIDE OF THE 3" x 5" BORDER.**

EXAMINING PHYSICIAN'S STATEMENT

I hereby certify that _____
Name of youth

was examined by me on _____, 20_____

and found physically fit to engage in the San Leandro Crusaders (SLC)
Youth Football & Cheer program.

Signature of physician

Address

Date signed

Phone