

Cheshire Junior Football, Inc.

Resume Participation Medical Clearance Form

**RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO
RESUME PARTICIPATION OF ANY KIND AFTER ORIGINAL MEDICAL
CLEARANCE IS VOIDED BY AN INJURY, ACCIDENT OR ILLNESS.**

I, as evidenced by my name and signature below, do certify that I am a State Licensed Health Care Provider in the State of Connecticut and am qualified in determining that:

_____ (name of Participant) is physically fit and I have found no medical or observable condition which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or other athletic activities.

I am therefore clearing the above-named Participant for athletic participation.

Signature: _____	Print Name Clearly: _____
Date: _____	Office Address: _____ _____ _____

PLEASE NOTE: If this Resume Participation Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the Participant's Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her State Licensed Health Care Provider to resume participation. A "Resume Participation Medical Clearance Form" is available from the league or you may have the Health Care Provider supply his/her own WRITTEN Clearance as long as it is on the Health Care Provider's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation." This statement must be supplied by the State Licensed Health Care Provider attending to the injury, accident, or illness.

A State Licensed Health Care Provider shall mean a physician (a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO)), an Advanced Practice Registered Nurse (APRN) or a Physician's Assistant (PA) licensed in the State of Connecticut.