



RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME PARTICIPATION OF ANY KIND AFTER THE ATHLETE HAS BEEN REMOVED FROM THE PLAYING FIELD FOR AN EXTENDED PERIOD OF TIME AND/OR THE REMAINDER OF THE GAME; ANY HEAD INJURIES (PLAYER MUST BE REMOVED FOR THE REMAINDER OF THE GAME OR PRACTICE) AND ANY ITEM THAT REQUIRES THE CONTACTING OF EMERGENCY PERSONNEL.

I, Dr. \_\_\_\_\_, do hereby certify that I am licensed by the State of Washington and am qualified in determining that: (Athlete's Name)

\_\_\_\_\_ is physically fit and I have found no medical or observable conditions which would prevent the athlete from resuming participation in youth tackle football. I am therefore clearing this individual for athletic participation.

Signature: \_\_\_\_\_ Print Name Clearly: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

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 participants Coach and League Officials. It will also be the responsibility of the Parent/Legal Guardian to obtain WRITTEN permission from their physician to resume participation. You may have the doctor supply his/her own WRITTEN clearance as long as it is on the doctor's official stationary and includes the following statement: (Participants Name) is physically fit and I have found no medical or observable condition which would prevent him/her from RESUMING participation in youth tackle football activities. I am therefore clearing this individual for athletic participation.

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.