Nevada Union Junior Miners, Inc.
www.jrminers.org
PO Box 2017 | Grass Valley, CA | 95945

Medical Clearance Form

• The physical must be for this Calendar Year and dated after April 1st.

Childs Name: _____ Age:_____

Date of Birth: _____

Any Known Allergies: _____

Any Known Disabilities: _____

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 Nevada Union Jr. Miners youth tackle football & cheer program.

Physician's Name: _____
Address: _____
Phone: _____
Signature: _____ Date: _____

Physician's Stamp (required inside the box)