

# PIEDMONT YOUTH FOOTBALL LEAGUE

## CERTIFICATE OF PHYSICAL FITNESS



**CHILD'S NAME** \_\_\_\_\_

**TEAM** \_\_\_\_\_

**To whom it may concern:**

**This is to certify that the undersigned has medically examined the above named applicant, who is an applicant for a position on the above named PIEDMONT YOUTH FOOTBALL LEAGUE team for the season dated below. The undersigned is of the opinion that as a result of said examination the applicant is physically fit for participation in the PIEDMONT YOUTH FOOTBALL LEAGUE**

**DATE** \_\_\_\_\_

\_\_\_\_\_  
**EXAMINING PHYSICIAN**

(THIS FORM IS TO BE COMPLETED BY A PRACTICING MEDICAL PHYSICIAN.)