



**METRO ATLANTA YOUTH FOOTBALL LEAGUE**

**Resume Participation Medical Clearance Form  
TO BE COMPLETED BY PHYSICIAN**

ASSOCIATION NAME - \_\_\_\_\_

**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, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name: ) \_\_\_\_\_ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<p>Signature: _____</p> <p>Date: ____/____/____</p>	<p><b>Please Print - or - Use Office Stamp Here:</b></p> <p>_____</p> <p>Print Name Clearly:</p> <p>_____</p> <p>Office Address:</p>
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**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 his/her physician to resume participation. A new "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery 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 RESUMING 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 physician attending to the injury, accident, or illness.

Parent Signature: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_