



Antelope Jr. Titans Football & Cheer

The official youth football and cheer program for Antelope High School

Sierra Athletic

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after **April 15th 2026**

Child's Name: _____ Age: _____

Date of Birth: _____

Known Food or Drug Allergies:

Known Disabilities or Medical Conditions:

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 ****Antelope Jr. Titans**** youth tackle football and/or Cheer program.

Physician's Name: _____

Address:

Phone:

Signature: _____ Date: _____

Physician's Stamp (REQUIRED)