



2025 EBYFC

Football & Cheer Medical Card

This form is **mandatory** and must be properly completed and submitted prior to in order for your child to participate in any East County activity.

Instructions - Please read and follow carefully

1. A physician must sign the card.
2. The address and phone number must be legible; physician stamps are preferred for authenticity.
3. Date signed **MUST** be in this calendar year (the examination must be within 2 years of the date signed).
4. **DO NOT WRITE OR MARK OUTSIDE OF THE 3" x 5" BORDER.**

EXAMINING PHYSICIAN'S STATEMENT	
I hereby certify that _____	
Name of youth	
was examined by me on _____, 20_____	
and found physically fit to engage in the East County Lions Youth Football & Cheer program.	

Signature of physician	

Address	

Date signed	Phone