

**NEW WINDSOR YOUTH FOOTBALL LEAGUE**  
**2009 PHYSICAL FORM**  
*Change 9 - Dated 090101*

**CHILD'S NAME:** \_\_\_\_\_  
**SPORT/DIVISION:** \_\_\_\_\_  
**AGE (DOB):** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP:** \_\_\_\_\_

Executive Board

George Carlone	President
Sean Williams	Vice President
Pending	Secretary
Steve Bedetti	Treasurer
Kristi Fitzpatrick	Player Agent

Board of Directors

Pending	Division 3
Dirk Fields	Division 2
Derrick Kennan	Division 1
Pending	Mighty Mites
Gina O'Neill	Cheer Director
Pending	Concession
Rick Ricciardi	Equipment
Pending	Events
Pending	Maintenance
Pending	Safety
Kristie Fitzpatrick	Sponsors
Jim May	Webmaster

**MEDICAL HISTORY: Has your child had any of the following?**  
 (Circle Answer)

- |   |       |     |    |
|---|-------|-----|----|
| 1. Any severe injuries, accidents or broken bones?<br>If yes, specify                                     | _____ | YES | NO |
| 2. Hospitalized for any length of time?<br>If yes, specify  | _____ | YES | NO |
| 3. Allergy to any medication or insect bites?<br>If yes, specify  | _____ | YES | NO |
| 4. Is your child currently taking any drugs, medications<br>or undergoing any treatments? If yes, specify | _____ | YES | NO |
| 5. Does your child have headaches or blurred vision?  |       | YES | NO |
| 6. Does your child have sight in both eyes?   |       | YES | NO |
| 7. Does your child wear glasses or contact lenses?  |       | YES | NO |
| 8. Does your child have trouble breathing through his/her mouth?  |       | YES | NO |
| 9. Does your child have frequent nosebleeds?  |       | YES | NO |
| 10. Does your child wheeze, cough or have shortness of breath?  |       | YES | NO |
| 11. Have you ever been told your child has a heart murmur or heart problem?                               |       | YES | NO |
| 12. Has your child ever had a hernia or rupture?  |       | YES | NO |
| 13. Does your child have any problem hearing?   |       | YES | NO |
| 14. Are there any other medical conditions your child has<br>that should be noted? If yes, specify        | _____ | YES | NO |

-----PARENT AUTHORIZATION-----

To the best of my knowledge, this health history is correct and I hereby give permission for this child to participate in the New Windsor Youth Football & Cheerleading program. Physicals due prior to June 30th (for insurance purposes, your child will not be allowed to practice without a current documented physical.)

\_\_\_\_\_  
 (Signature of Parent/Guardian)

-----BELOW TO BE FILLED OUT BY THE EXAMINING PHYSICIAN-----

**BLOOD PRESSURE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_  
**HEART RATE:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

May this child participate in a vigorous football/cheerleading program? YES NO  
 Child's general physical health condition is? GOOD OTHER

Comments: \_\_\_\_\_

Physician's Signature and Stamp: \_\_\_\_\_ Date of Exam: \_\_\_\_\_