

ROCKLIN JR THUNDER YOUTH FOOTBALL & CHEER  
*The official youth football and cheer program for Rocklin High School*



**2026 Medical Clearance Form**

The completed physical form must be for this calendar year and dated after April 15, 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 Rocklin Jr Thunder youth football and/or cheer program.

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's stamp  
**REQUIRED**



**Member of the Sierra Athletic Conference League**