



LINCOLN JR ZEBRAS

The official youth football and cheer program for Lincoln High

Medical Clearance Form

The completed physical must be for this Calendar Year and dated after April 15th 2025

Childs 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 Lincoln Jr Zebras youth tackle football and/or cheer program.

Physician's Name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Physician's Stamp
REQUIRED

Member of the Sierra Athletic Conference League

