



**Grove City Little Eagles  
Football & Cheerleading  
2020 Physical Form**

---

---

I hereby release \_\_\_\_\_, date  
of birth \_\_\_\_\_, to participate in athletics with the Grove City Little Eagles Football  
and Cheerleading Organization for the fall 2019 season.

List any allergies or medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Any physical limitations: \_\_\_\_\_  
\_\_\_\_\_

Weight: \_\_\_\_\_

Doctor/Nurse Practitioner Name (please print): \_\_\_\_\_

Doctor/Nurse Practitioner Signature\*: \_\_\_\_\_

Doctor/Nurse Practitioner Phone: \_\_\_\_\_

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

\*This form must be physically signed by a Doctor or Nurse Practitioner; no stamped forms will be accepted.

This form must be turned in to the Grove City Little Eagles ON or BEFORE the first day of practice, or your child will **NOT** be permitted to practice.